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THE DISCOVERY OF ANESTHESIA BY ETHER; WITH AN ACCOUNT OF THE FIRST OPERATION PERFORMED UNDER ITS INFLUENCE AT THE MASSACHUSETTS GENERAL HOSPITAL, AND AN EXTRACT FROM THE RECORD-BOOK OF THE HOSPITAL.

By WASHINGTON AYER, M.D., San Francisco, Cal.

Read before the San Francisco Medico-Chirurgical Society.

This is the golden opportunity to honor the memory of one whose discovery did so much to relieve human suffering, and to give full expression upon this subject. Though we are fifty years away from the date of the discovery, every day's experience should cause us to feel we are living in the presence of the discoverer of the greatest boon ever given to mankind.

Here is an opportunity for the Medico-Chirurgical Society of San Francisco, holding its sessions in Cooper Medical College, to secure the possible credit, pride, and honor of publishing to the world for the first time, the full records of that most memorable occasion in the history of medicine, when ether received its sanction and gave "painless surgery" to the world.

The first surgical operation the world ever witnessed, while the patient was under the anesthetic influence of ether, or any other hypnotic, was on the 16th of October, 1846, in the Massachusetts General Hospital, Boston, when Dr. John Collins Warren, Professor of Surgery in the Medical Department of Harvard University, performed a remarkable and successful operation.

This was the dawning of a new era for medicine, and the medical profession, throughout the civilized world, was aroused and received the news as a new revelation. An operation in surgery had been performed with safety and without pain—a discovery had been made that was to bring comfort to the afflicted, and to save mankind from suffering.

Like many of the great discoveries in art, science, and natural philosophy, the discovery that anesthesia could be produced by ether with safety, and that the paralysis of the sensory nerves thus affected would disappear with the return of consciousness, was the outgrowth of an accident. A man called at Dr. Morton's office, suffering from an over-sensitive tooth with a large cavity, which the doctor filled

with lint well saturated with ether, and then covered it over to prevent rapid evaporation. Waiting a short time to have it take effect, he extracted the tooth without pain, and accidentally discovered that the gums along the jaw were still insensible, which led to the discovery of ether by inhalation for the purposes it is now used.

But the problem was not solved without much careful experimental study. Dr. Morton administered ether on a number of occasions to the lower animals, and carefully noticed its effects. On another occasion he shut himself in his room, and at the risk of losing his life, inhaled the ether until consciousness had left him, and while recovering, carefully studied the feelings that came over him. This, to him, was a crucial test of an important discovery, "how to banish pain."

Shortly after the experiment upon himself, a gentleman called at his office, in great suffering—so great that he would not allow the tooth to be touched without taking something to relieve him, and asked to be "mesmerized." Dr. Morton told him he could do something better than that to relieve him, and saturating a handkerchief with ether, told him to inhale it, when, in a short time, he became completely etherized, and the tooth was extracted. As the man returned to consciousness he was asked if he was ready, to which he replied "I am," and when told the tooth "was out," he could not realize such was the case, until his attention was called to it on the floor, and declared he did not suffer. Then Dr. Morton realized that he had performed the first operation ever undertaken while the patient was under the influence of an anesthetic.

In that simple act of extracting a tooth, the world beheld a new revelation to science—the dawn of a new medical philosophy. Pain thenceforth was to be forever banished from the afflicted while under the knife of the surgeon, and the patient was to become oblivious to the world while on the table.

Dr. Oliver Wendell Holmes said, "The fierce extremity of suffering has been steeped in the waters of forgetfulness, and the deepest furrow in the knotted brow of agony has been smoothed forever."

It was on the 30th day of September, 1846, that Dr. Morton administered ether the first time to produce complete anesthesia, and on the 16th of October, of the same year, Dr. John Collins Warren performed the first surgical operation while the patient was under the influence of ether, and to his sanction it owed its rapid introduction in surgical practice throughout the United States and Europe.

After becoming fully satisfied he had made an important discovery, Dr. Morton communicated with Dr. Warren, and obtained permission to administer his *new ether* to some patient upon the first favor-

able opportunity. On the 14th of October he received a note from Dr. Warren, requesting him to be at the hospital on the Friday following, to administer his ether, and appointed the hour.

The day arrived; the time appointed was noted on the dial, when the patient was led into the operating room, and Dr. Warren, with a board of the most eminent surgeons in the State, were gathered around the sufferer. "All is ready—the stillness oppressive." It had been announced "that a test of some preparation was to be made for which the *astonishing* claim had been made, that it would render the person operated upon free from pain." These are the words of Dr. Warren that broke the stillness.

Those present were incredulous, and as Dr. Morton had not arrived at the time appointed, and 15 minutes had passed, Dr. Warren said, with significant meaning, "I presume he is otherwise engaged." This was followed with a "derisive laugh," and Dr. Warren grasped his knife and was about to proceed with the operation. At that moment Dr. Morton entered a side door, when Dr. Warren turned to him and in a strong voice said, "Well, sir, your patient is ready." In a few minutes he was ready for the surgeon's knife, when Dr. Morton said, "*Your* patient is ready, sir."

Here the most sublime scene ever witnessed in the operating room was presented, when the patient placed himself voluntarily upon the table, which was to become the altar of future fame. Not that he did so for the purpose of advancing the science of medicine, nor for the good of his fellow men, for the act itself was purely a personal and selfish one. He was about to assist in solving a new and important problem of therapeutics, whose benefits were to be given to the whole civilized world, yet wholly unconscious of the sublimity of the occasion or the part he was taking.

That was a supreme moment for a most wonderful discovery, and had the patient died under the operation, science would have waited long to discover the hypnotic effects of some other remedy of equal potency and safety, and it may be properly questioned whether chloroform would have come into use as it has at the present time.

The heroic bravery of the man who voluntarily placed himself upon the table, a subject for the surgeon's knife, should be recorded and his name enrolled upon parchment, which should be hung upon the walls of the surgical amphitheater in which the operation was performed. His name was Gilbert Abbott.

The operation was for a congenital tumor on the left side of the neck, extending along the jaw to the maxillary gland and into the mouth embracing the margin of the tongue. The operation was successful; and when the patient recovered he declared he had suffered

tightly bound

no pain. Dr. Warren then turned to those present and said, "Gentlemen, this is no humbug." "The conquest of pain had been achieved." Surgery was robbed of its terror, and the surgeon greatly assisted in his operation.

Being present on that important occasion, the whole panorama of the procedure is now vividly brought to my memory, and possibly I may be the only one living who witnessed the operation. The crucial experiment had been made; the ordeal was passed, and every heart experienced a thrill of joy. Then Dr. Morton became "the hero of the occasion," and modestly received the congratulations of the eminent gentlemen present, who declared he had made "the world his debtor."

Soon after Dr. Morton learned there was to be an amputation of the leg at the Massachusetts General Hospital for an incurable disease of the knee. The patient was a feeble young woman. He applied for permission to again administer the ether, but was told the managers would not consent unless he would make known his secret, as it was contrary to the code of medical ethics to use or encourage the use of a remedy whose properties were not known.

Through the influence, however, of Dr. Henry J. Bigelow, permission was granted, and the second operation was performed under the influence of ether on the 6th of November, 1846, and was equally successful with the first. After this ether was freely used in all cases of surgery. I also witnessed this second operation, and subsequently had the opportunity of seeing the patient occasionally in the surgical ward of the hospital.

While there was the odor of empiricism, there was also the fruit of blessedness present on that occasion, which bestowed immortality alike upon Warren and Morton; the former disregarding any possible prejudice toward the man, and rising to the highest dignity of the noblest work of God—embodiment of a noble spirit, seeking the advancement of comfort to his fellow men.

The discovery was not that ether possessed anesthetic properties, for that was known long before, but that one might remain insensible under its influence for a long time without harm. This Dr. Morton claimed, but Dr. Warren demonstrated what seemed to be only an assertion from Dr. Morton, that under careful administration the inhalation of ether was safer. This discovery of the safety of ether in producing complete anesthesia may be classed as one of the great civilizing factors of the nineteenth century.

As science advances in any of its many departments, civilization also advances, and the men who make discoveries which add to the security of life, and comfort to the afflicted, are entitled to and

should receive the eulogies of all, for their thoughts and labors in the line of evolution promote civilization. From the hour the great *arcanum* was penetrated and the operation performed, the operating table and the surgeon's knife were no longer dreaded, "and the world was indebted to Dr. Morton for painless surgery."

As early as 1818 Farady had shown that the inhalation of ether produced anesthetic effects similar to nitrous oxide gas. These effects were regarded as "scientific curiosities," and no one at that time thought of using ether as a valuable therapeutic agent except in fevers. Its employment in surgery then was not thought of, and its great hypnotic agency was not discovered until a quarter of a century later.

To Dr. James Y. Simpson, of Edinburgh, belongs the credit of first using chloroform in midwifery practice in 1847, and its use in such cases soon became general, but a better *moral management* has nearly overcome its use in obstetrics, and it is now employed only in exceptional cases.

As early as 1843 Dr. Horace Wells, of Providence, Rhode Island, employed nitrous oxide gas in the practice of dentistry, but meeting with an accident in its use he laid it aside, and again it was only inhaled for amusement.

About the year 1837, when quite a boy, I remember attending a lecture given by Benjamin Greenleaf, of Bradford, Mass., upon chemistry. He was known in all New England as one of the foremost educators, and when it was announced he would make experiments upon a number of persons with "laughing gas," every one in the county and town was on the *qui vive*, and long before the hour arrived the hall was crowded, so great was the curiosity to witness the experiments. At that date it had no practical utility, and like the latent fire in the oak, it needed friction to bring it into use, as it proved in the contest of Dr. Wells, to share the honors of a great discovery with Dr. Morton.

After the great benefits of ether had been fully established by the discovery of Dr. Morton, he found himself involved in an expensive and cruel litigation. Dr. Wells and Dr. Charles Thomas Jackson, of Boston, an eminent chemist and learned in many departments of science, both of whom had more ambition and selfishness than good taste and integrity, brought suit against Dr. Morton to deprive him of the honor of his discovery, which nearly impoverished him.

Dr. Morton employed such eminent counsel as Daniel Webster and Rufus Choate. The contest was long and bitter, and while Congress was about to award to Dr. Morton \$100,000 for his great benefaction to mankind, the influence of Dr. Jackson in his unworthy cause

defeated the bill for the appropriation, but did not deprive Dr. Morton of the honor which the world so justly bestowed.

"The tissue of the life to be
We weave with colors all our own;
And in the field of destiny
We reap as we have sown."

William Thomas Green Morton, M.D., was born May 9, 1819, in Charlton, Mass., and died July 15, 1868; and now a wreath of the world's affection is laid upon his grave, there to remain fresh in the memory of a grateful people, till the sun shall forget to shine and the stars grow dark in the heavens, in commemoration of the great benefaction he bequeathed to mankind.

The circumstances of his death are briefly told in the January number of the *Bostonian*: "On July 15, 1868, Dr. Morton complained of being ill; went to ride in Central Park with his wife, and while on their return, when near the gates, he complained of severe distress. He got out of the carriage; sat down beside the walk; soon became unconscious, and was carried to St. Luke's Hospital, but was dead before reaching it." A beautiful monument is erected to his memory in Mount Auburn Cemetery.

So great importance was given to the discovery of ether in Europe, that "Dr. Morton received a divided Montyon prize from the French Academy of Sciences; the 'Cross of the Order of Wasa Sweden and Norway;' the 'Cross of the Order Vladimir of Russia,'" and in many other countries he received distinguished expressions of honor. Yet our own country has failed to recognize the wonderful discovery of Dr. Morton with becoming respect.

As we look upon the faces of those who are about to have their limbs severed from their bodies, or to undergo some other fearful operation, under the knife of the surgeon, and witness the calm expression pictured there of confidence that they will have no suffering, who can say the nation should not offer up the morning and evening prayer for the discoverer of ether, who gave "painless surgery" to the world. May we trust the day is not far distant when the American people, as a nation, by their Senators and Representatives in Congress, will honor the memory of Dr. Morton, and may the gold from our mountains contribute to that honor.

Dr. John Collins Warren, to whom the world owes so much, was born in 1778, and died in Boston, Mass., in 1856. He was an eminent surgeon and scholar, and his memory will ever live and be cherished by the medical profession, and his published works will enrich the medical libraries wherever found.

Should a jubilee be held in Boston, which is now being planned for October 16, 1896, in commemoration of the fiftieth anniversary

of the discovery of ether, may the waters of the Pacific and the Atlantic, that wash the two shores of our country, be mingled together on that occasion as an expression of the joys of all nations, which will ever be preserved and live in the baptismal font of affection, and may the lightning bear the tidings over the earth, and revive sweet memories for the dead.

In conclusion, I will repeat that the discovery of Dr. Morton has bequeathed untold blessings to posterity, and the record of the operation by Dr. Warren, for the first time, upon a patient while under the anesthetic influence of ether, will remain a monument to his memory, as enduring as the granite shaft that stands upon the spot, where, in defense of his country and American liberty, a brave Warren fell.

"Lives of great men all remind us,
We may make our lives sublime;
And departing, leave behind us,
Footprints on the sands of time."

The Record.

On the 7th of January, 1896, I addressed a note to Dr. John Collins Warren, of Boston, also a note to Dr. J. W. Pratt, from whom I received a full and exact copy of the records of the most important event in the history of medicine, and also the following letter from Dr. Warren:

BOSTON, January 16th, 1896.

Dear Dr. Ayer: I need not say that I was much interested in your letter. So far as I am aware, there is no one in these parts who was present on that memorable occasion of October 16, 1846. I have asked Dr. J. W. Pratt, Superintendent of the Massachusetts General Hospital, to send you a copy of the record of the case. Last autumn I unearthed the "Record Book," and showed it to the hospital staff, most if not all of whom had never seen it. A committee has been formed from the staff, of which I am chairman, to plan some form of celebration for the fiftieth anniversary of the event, next October, but we have not yet decided what form the celebration should take. Dr. William J. Morton, 18 East Twenty-eighth street, New York, is the son of Dr. Morton, and I am going to send your note to him. I hope you will be able to come east next autumn, and join in the celebration. I feel that the Massachusetts General Hospital has a record, which no other hospital in the world has in this respect, and that the problem solved there, in 1846, settled the future of anesthesia. I trust you will send me a copy of your address. Sincerely yours,

Washington Ayer, M.D.

J. COLLINS WARREN.

This letter gives you a knowledge of the interest taken by medical men in the east upon this important subject, and which I thought it eminently proper to call your attention to at the present time. Through the prompt attention of Dr. Morton I have been able to obtain a full history of the discussions upon ether, as far back as 1859, and to speak with authority upon the subject.

The following is the extract from the Record Book of the hospital, and is, I believe, now published for the first time:

Boston, Friday, September 25, 1846.—Gilbert Abbott, age 20,

painter, single; tumor on face. This man had had, from birth, a tumor under the jaw on the left side. It occupies all space anterior to neck, bounded on the inside by median line, on the outside is even with the edge of jaw; below, on a level with the Pomum Adami and in front, tapers gradually as far as anterior edge of jaw; integuments not adherent to it; skin smooth and of natural color; it is uniformly soft, except in center, where a small, hard lump can be felt, corresponding in size and situation with submaxillary gland; can be made to disappear by compression, but seems rather to be displaced than emptied. The edge of the lower jaw bone can be felt, through the tumor, to be irregular. On examination of the inside of the mouth, find a soft, smooth tumor, a hemisphere about 5 lines in diameter, of a livid color, on the left lobe of tongue, about an inch behind tip. That portion of the organ in front and underneath the tumor is of a dark purple color. This tumor is readily emptied by slight pressure, but fills again in 1 or 2 seconds, but not sooner when pressure is made simultaneously upon the external tumor. For distance of 5 lines from angle of mouth on right side the lower lip is of a livid hue. This seems to be a continuation of a stripe, similar in appearance, which extends from angle of jaw on right side about on level of lower teeth; it is about 4 lines wide and slightly raised; its color seems to depend on small spots like granulations, of a livid color, set on mucous membrane of ordinary appearance.

This case is remarkable in the annals of surgery. It was the first surgical operation performed under the influence of ether.

Dr. Warren had been applied to by Mr. Morton, a dentist, with the request that he would try the inhalation of a fluid which, he said, he had found to be effectual in preventing pain during operations upon the teeth. Dr. Warren, having satisfied himself that the breathing of the fluid would be harmless, agreed to employ it when an opportunity presented. None occurring within a day or two in private practice, he determined to use it on this patient. Before the operation began, some time was lost waiting for Mr. Morton, and ultimately it was thought he would not appear. At length he arrived and explained his detention, by informing Dr. Warren that he had been occupied in preparing his apparatus, which consisted of a tube connected with a glass globe. This apparatus he then proceeded to apply, and after 4 or 5 minutes the patient appeared to be asleep, and the operation was performed as herein described. To the surprise of Dr. Warren and the other gentlemen present, the patient did not shrink nor cry out, but during the insulation of the veins, he began to move his limbs and utter extraordinary expressions, and these movements seemed to indicate the existence of pain, but after he had recovered his faculties he said that he had experienced none, but only a sensation like that of scraping the part with a blunt instrument, and he ever afterward continued to say that he had not felt any pain. *Note.*—(The results of this operation led to the repetition of the use of ether in other cases, and in a few days its success was established, and its use resorted to in every considerable operation in the city of Boston and its vicinity.)

Operation by Dr. Warren: The patient having been placed in the

operating chair, in the amphitheater, an incision, $2\frac{1}{2}$ inches in length, was made over the center of external tumor, just beneath the edge of jaw, extending through skin and subcutaneous tissue. A layer of fascia was dissected off and disclosed a congeries of large veins and small arteries. Hemorrhage was slight, no vessel requiring ligature. A curved needle, armed with a ligature, size No. 6, was passed under the mass, and the tumor included, under a knot with considerable compression. The wound was then filled with a small compress and lint and the patient returned to bed.

Patient continued to do well and was discharged well, December 7th. Cicatrix perfect; tumor same size as on entrance, but no vessels to be detected in it. Tumor on tongue not altered, nor is appearance on inside of right cheek. General health much improved.

215 Geary street.

THE WOODBRIDGE TREATMENT OF TYPHOID FEVER.

By W. N. SHERMAN, Ph.D., M.D., Merced, Cal.

Read before the Fresno County Medical Society.

It is stated by good authority that about 50,000 people die annually in the United States from typhoid fever, and more than ten times that number are sick with this disease; and further, we have no foreign foe, who could possibly inflict upon us the injury, suffering, and death, which typhoid fever may cause in the short period of twelve months.

In the face of the above facts, how startling was the public declaration that "death is a wholly unnecessary consequence of typhoid fever, and every case in which proper treatment is instituted sufficiently early in the course of the disease, can be aborted."

Such language was utterly unintelligible to the greatest thinkers in the profession, and was it surprising that the author of such an assertion should have directed to him many intolerant words and unkindly criticisms? These he answered with the generosity that is the chief element of greatness: "I have no feeling of unkindness for those persons, because I know that truth, being eternal, will prevail, and that my critics of to-day—should we all live—will themselves practise my treatment in time, and thus vindicate the position which I have been obliged to assume as a logical sequence of the facts I have observed."

An experience of over 14 years, *without* a single death from typhoid or any continued fever, against a previous experience of 16 years, *with* a death rate of 17 per cent. in typhoid fever alone, and this in a part of our country where typhoid fever is a common, dangerous, and dreaded disease, was the source of his courage and confidence. This prompted him to publicly proclaim, before a large body of learned and scientific men, his great discovery, which he

had tried and proven, and in a humane and gentle spirit presented, as a gift, to the medical men of the world. Such an exhibition of personal confidence, courage, and daring, would seem sufficient to convince the most sceptical of the honesty and truthfulness of his convictions who uttered them; but not so with all men, some of whom must see, as well as hear, to believe, while others must prove, by actual trial and experience, and yet others who condemn without trial or proof.

Dr. John E. Woodbridge, of Youngstown (now of Cleveland), Ohio, has several times published to the medical profession, his anti-septic, abortive treatment of typhoid fever. He has read papers on the subject before his county and State societies, the Mississippi Valley, and the American Medical Associations. He has promised to present a report of cases before some great medical body each year, until a general assent has been given to the accuracy and truth of his theories, and death from typhoid fever is unknown, and until long-continued, constitution-destroying sickness from the disease, shall be regarded as a disgrace to the individual practitioner, and not, as at present, a reproach to the great body of the medical profession.

The Woodbridge treatment has long since passed the experimental stage, and is being used successfully by hundreds of physicians in the United States, and no doubt by as many others in foreign countries. During a period from July, 1894, to May, 1895, there were reported to Dr. Woodbridge, as treated by other physicians, about 800 cases of typhoid fever, with but 9 deaths—a marvelous result, when it is remembered that most, if not all, of these physicians, were inexperienced in his method, and in the details of his treatment. Some of these reports of cases appear in *The Journal of the American Medical Association*, for the month of August, 1895, and are very instructive and interesting reading. Many other physicians have, through other journals, lately given their experience and approval of this remarkable treatment, and I shall take occasion to refer to some of them later on. This contributed experience of so many of our fellow workers, is, to my mind, one of the most forcible and potent factors, to attract our attention to, and to strengthen our confidence in this treatment. It would seem that these facts alone, should carry conviction to the mind of any intelligent physician, who will carefully and impartially consider them. It is my purpose to relate to you, not only my own limited experience, but that of others, who have tried and praised the treatment, and to urge you all to use it.

The etiology, pathology, and diagnosis of typhoid fever, seem to

have been settled definitely and satisfactorily to all truly scientific minds. What we now want, and what this paper proposes to deal with, is a *remedy*, and one, that when properly used, will abort any and every uncomplicated case of this disease, in a manner pleasing to both patient and physician. The time is coming, very soon, when the physician losing a case of uncomplicated typhoid fever, will have his knowledge and skill questioned, and justly so; hence it behooves every practitioner to practice the best treatment, and to use it on every occasion.

The Woodbridge treatment appeals to the thoughtful as rational and scientific, because it not only destroys, but removes the cause of the disease; it combines the antiseptic and eliminative methods. It is also more or less systemic in its effects, as some of the ingredients of the prescription are eliminated by other organs, as well as by the intestinal canal. The alimentary canal is quite accessible for purposes of treatment; it may be almost completely sterilized by the proper use of antiseptic medicines, combined with proper elimination.

In this connection, I am reminded of a practical lesson I received from an old and respected practitioner many years ago, while practising medicine in Indiana, where typhoid fever is a common and severe disease. At that time the germ theory was unknown, and the prevalent theory was that of the ulceration of Peyer's glands. All our cases, sooner or later, passed to the full development of a high temperature, brown fissured tongue, sordes, tympanitic abdomen, and sometimes coma and delirium, a typical picture of typhoid fever. I had been taught to fear cathartics as dangerous, owing to the ulcerated condition of the intestines, and was doubtful as to the safety of their action. However, under the conditions above named, and especially where coma existed, it was the custom of my then partner, to promptly administer a 10-grain dose of calomel, and, if the coma was severe, to place a fly blister on the forehead or the back of the neck. While I had my fears of hemorrhage or perforation, I said nothing, but I observed that neither occurred, and that the results were uniform and gratifying. The temperature was lowered, the mental condition improved, the tongue and skin became moist, meteorism was reduced, and the general condition ameliorated.

While this result was not always permanent, it seemed to greatly modify the disease for a short period, and sometimes permanently. If the unfavorable symptoms returned, the treatment was repeated. At that time the typhoid bacilli and the germicidal effects of mercury were unknown, and while it was then empiricism, pure and simple, it would be rational treatment now. The effect of the large dose of

calomel was antiseptic and eliminative, the pathogenic germs and their accumulated ptomaines were destroyed and swept from the intestinal tract, leaving it temporarily aseptic, and removing from an absorptive surface the poison itself, and therefore its effect upon the blood and nerve centers.

The Woodbridge treatment is commenced by giving, every 15 or 30 minutes, for the first 24 hours, tablets composed of podophyllin $\frac{1}{960}$ gr. hg. chlor. miti gr. $\frac{1}{16}$, guaiacol carb. gr. $\frac{1}{16}$, menthol, gr. $\frac{1}{16}$, and a small quantity of eucalyptol. No laxative effect should be produced during the first 24 hours, the object being to secure the antiseptic before the eliminative effect of the remedy. During the second period of 24 hours, not less than 5 or 6 free evacuations of the bowels should be secured; then begin with tablets No. 2, composed of the same ingredients as No. 1, except the addition of thymol, gr. $\frac{1}{16}$, and an increase of the guaiacol to gr. $\frac{1}{4}$. One or more of these tablets are given every hour or two, with No. 1 as frequently as possible, without producing too great laxative effect.

The object is to give these tablets as freely as possible at first, and then to gradually reduce the size and frequency of the dose, so as to allow the movements of the bowels to become less and less frequent, until the temperature approaches normal, and the movements shall be reduced to one or two each day. About the fourth or fifth day, formula No. 3, composed of guaiacol carb. gr. iii, thymol, gr. i, menthol, gr. $\frac{1}{2}$, eucalyptol, m. i, in soft capsules, are given every 3 hours. Every dose of medicine should be washed down with large draughts of distilled or sterilized water, or with some good laxative or diuretic mineral water.

This treatment acts first, by gradually producing an intestinal antiseptic effect; second, by carrying away the toxic and infecting material—its eliminative effect; and lastly, by its permanent antiseptic and local effect, keeping the intestinal canal in a constant and continuous aseptic condition, until every vestige of the disease-producing germs is thoroughly eliminated. Reinfection is prevented by the active condition of the bowels, the temperature is lowered, the appetite restored, and the improvement continues until often the patient is led to remark that he no longer feels sick. If the disease has passed to the stage of ulceration, the treatment is just as rational, though the abortive effects are not so prompt. The large draughts of water, I regard as an important feature of the treatment. This flushes, as it were, the bowels, and may justly be compared to the washing of a wound, or a diseased surface, with an antiseptic solution.

I first used this treatment in August, 1894, since which time I

have treated a number of cases, and have kept a record and fever charts of 10 cases. In the locality where I reside, typhoid fever is not frequent nor severe, when compared with other localities on this coast and in the eastern States. Many of the cases we are called upon to treat, are far away, where it is not practicable nor possible to see them often. Of all the cases treated thus far, the results have been uniform and successful, the temperature touching normal on the eighth to the twelfth day after the treatment was commenced. I shall not take the time to give the history of every case in detail, nor to record the fever chart for each case. I make it a rule, where practicable, to have the nurse or attendant take the temperature two or three times in the 24 hours, and make a record of the highest and lowest points during that time. With this treatment it is rarely necessary to give medicines to reduce the temperature, as it usually commences to decline as soon as the remedies have taken effect, and free catharsis results.

CASE VII.—F. W——, age 13. Was taken ill about the same time as two other children, attending the same school. Had been sick one week when I saw him. Diagnosis, typhoid fever. In this case there was considerable bronchial irritation, and the temperature remained high up to the twelfth day, when it touched normal. Patient was 50 miles distant, and I visited him but four times. The other cases referred to proved to be typhoid fever also, and ran the usual course of 4 to 8 weeks.

CASE IX.—J. B——, age 20; strong, vigorous constitution; farm laborer. Came to office September 3; had traveled 12 miles that morning. Complained of headache, weakness, and severe diarrhea. T. 105.5° F., pulse 110; tongue coated, tenderness and gurgling in right iliac region. Diagnosis, typhoid fever. Patient said he had been sick about 5 days. I prescribed the Woodbridge formula, and gave his mother written directions, instructing her to send me a report of the case every third or fourth day. They had medicines replenished once, and reported continued improvement. He remained up and about the house; temperature touched normal on the eighth day. I saw this patient but one time, the day he came to office. He had no other medicine, to my knowledge, except the Woodbridge formula.

CASE X.—E. W——, male, age 10 years. This was a delicately constituted little fellow, deformed by a posterior spinal curvature. Commenced treatment October 4; temperature touched normal on October 13. Fever chart shows the morning temperature touched 99° F. the third day of treatment, then remained at 102° for 4 days, when it again touched 99° . The evening temperature remained near 104° until the seventh day, when it touched 99.5° . Patient had been sick one week when treatment was commenced; he was up and down town in a week after fever subsided.

I wish to speak of another case, not recorded, because of a doubt as to the diagnosis.

M. J——, female, age 6 years. Was brought to my office from her home, 15 miles distant. She had a very high temperature. I prescribed antipyretics, and the fever subsided to return again in a few hours. Parents returned home with child, with instructions to report in a few days. On the fifth day the father called at my office, stating that the child was no better; still had high fever every day; no appetite, and emaciation. In the meantime quinine had been given freely without any results, he objecting to its effects on the hearing, stating that the child had become quite deaf. I now prescribed the Woodbridge treatment, and stated that I would call in two days if the child was not better. When I visited the little patient, I found strong evidence of typhoid fever. The antiseptic medicine had produced free catharsis, the temperature was 104.5° F. that evening. The treatment was continued, and next day the temperature touched normal and remained so until convalescence set in. The child was covered with rose rash when the fever subsided.

I mention this case to illustrate an important point in this treatment, viz: to begin when the patient is first seen, and he will often be well before a positive diagnosis can be made. The prompt results in this last case prove the above assertion. By following this course, we may be deprived of a valuable record, but the patient will be the gainer; hence, when consulted by a patient who could possibly become a victim of typhoid fever, diphtheria, *la grippe*, pneumonia, or any pathological condition, which would be benefited by an intestinal or systemic antiseptic or eliminant, begin at once the treatment of typhoid fever.

When the treatment is commenced early, the patient need not go to bed, nor be restricted in diet nor social enjoyment, and sometimes he need not neglect his business. Dr. Woodbridge relates the case of a physician, in whose family he had treated two cases, wife and daughter, and when he became ill, he gave him the treatment and allowed him to attend to his professional duties in his office. One of my cases (No. 9), remained up and about the house, and ate at the table with the rest of the family.

Having spoken of my own limited experience, and the 10 recorded cases (several other cases have not been recorded), in which this abortive treatment was successful, permit me to direct your attention to others, some of whom are recent contributors to the literature on this subject.

In the *Medical Age*, of January 10, 1896, Dr. Gordon, of Junction City, Ohio, contributes an article on "A Typhoid Fever Epidemic." After reviewing the treatment advocated by various authorities he says: "And next comes the Woodbridge treatment, which seems to

be making considerable impression on the body professional. Being unable to obtain the ingredients of this treatment, I used an antiseptic treatment in 10 cases that had passed to the second week of the disease, which consisted of a mixture containing eucalyptol, thymol, menthol, and benzoic acid, with the result of greatly modifying the severity of the disease without shortening its duration."

"Being still anxious to try the Woodbridge treatment, I finally succeeded in obtaining all the ingredients, and commenced its use."

Case No. 1.—Child, age 13; sixth day of disease, temperature touched normal on twelfth day. *Case 2.*—Woman, age 39; whose husband and child were in bed with the disease at the same time; her temperature touched the normal point on the eighth day; treatment was commenced on the first day of disease. *Case 3.*—Age 13. Tenth day of sickness temperature touched normal on the eighth day, and remained so. *Case 4.*—Age 17. The eighth day of disease; result: temperature touched 99° on the twelfth day; delay through inability to secure medicines. *Case 5.*—Age 10 years. First day of the disease—four others of the family sick at same time—result: temperature touched normal on the sixth day. *Case 6.*—Age 36. First day of disease: temperature touched normal on the sixth day. *Case 7.*—Age 35. Third day of disease: temperature touched normal on tenth day. *Case 8.*—Age 9 years. Seen on first day of disease; dismissed on the sixth day.

He adds: "I used the same treatment in 10 or 12 other cases, whose records I have mislaid, the results being the same as in those cases just mentioned. Where the treatment was begun late the disease was greatly modified, expression normal, mind tranquil, and, in short, the patients did not appear sick." From the tone of his article he was evidently skeptical about this treatment, but his experience in this epidemic leads him to conclude: "I am a firm believer in the antiseptic and eliminative treatment of typhoid fever, and that it is the only treatment worth considering, as it is the only one that shortens the disease."

Here are 20 cases of typhoid fever aborted in from six to twelve days by a physician having no previous experience with the treatment.

Dr. Barnes, of Creston, Iowa, is another late convert to this treatment. He says: "I would say to the physician who has not given the Woodbridge method a full and fair trial, that he should do so at once. I personally believe Woodbridge's name will go down into medical history alongside the names of McDowell, Sims, Morton, and the host of others who dared to become originators and reformers."

In a recent issue of the *Medical Age*, Dr. F. M. Green, of Lexington, Ky., says, after relating a successful experience with this treatment: "I must admit, like many others, I was at the outset strongly prejudiced against this method, and not a little because of Dr. Woodbridge's statement that typhoid fever could be aborted—which is contrary to general teaching—and also on account of the utterance credited to him, to the effect that any physician losing a case of typhoid fever should be held strictly accountable therefor. I believe I am the first to use this abortive treatment in this neighborhood, and the results that have thus far accrued compel me to believe its value has not been exaggerated."

Dr. Dalton, who for 6 years has been at the head of the St. Louis City Hospital, through which 10,000 patients pass annually, has tested the treatment, and adopted it, to the exclusion of all others. He says: "I have investigated the matter and know that the treatment will abort typhoid fever. When I first tried the treatment I was a 'doubting Thomas,' but luckily the excellent results in the first case caused me to try it in a number of other cases, and I have not the slightest hesitancy in saying the treatment aborts the disease. I purposely allowed one case to run its usual course for eight days before giving the treatment, the temperature was 103.5° F., and on the evening of the second day of treatment it was 101°, and in two days more it touched normal, and never went above it. No other treatment was used after I began this. Put me down as a firm advocate of the treatment, an enthusiast in fact; let the doubters try the treatment and be convinced."

I have here letters from some 42 physicians, in different parts of the United States, who have tested and approved the Woodbridge treatment. I have referred to the 800 cases, reported by 117 other physicians (including the 42 above mentioned), some of whom have treated as high as 60 cases through severe epidemics, without a death. These, with Dr. Woodbridge's cases, show a total of 1,200 cases of typhoid fever, taken at all stages of the disease, with only 9 deaths, seven or eight of which were due to grave complications, and to the late stage of the disease in which treatment was begun. It must be borne in mind that the type of typhoid fever in the Middle, Western, and Eastern States is more severe than that which we usually see on this coast.

For over six years I have not lost a case of this disease. Most of them, until recently, were treated with a mixture of salicylate of ammonia, which, like other antiseptics, modifies the severity, but does not shorten the course of the disease. I do not claim any better success than many other practitioners, for, as I have said, I do not

treat many cases, and they are usually mild. The success of the Woodbridge treatment has been attained in a portion of the United States where the disease is a common, severe, and dreaded affection; therefore, and for other reasons stated, I shall ask you not to condemn the treatment until you have given it a fair trial. By a fair trial, I mean it should be used strictly according to Dr. Woodbridge's directions, and in frequent and sufficient doses to obtain the effect upon the bowels.

The ingredients should be carefully compounded and should be of a pure and reliable quality. It is well for the physician to familiarize himself with the ingredients of each prescription—Nos. 1, 2, and 3; and then prescribe the remedy under the name of "Guaiacol Compound" (Woodbridge), Nos. 1, 2, or 3, as desired, in tablets and capsules. Messrs. Clinton E. Worden & Co., of San Francisco, prepare prescriptions Nos. 1 and 2 in tablets, and No. 3 in soft capsules. I have found them very convenient and reliable. The tablets are put up in small glass bottles containing 100 tablets each, and labeled "Guaiacol Compound"—Dr. Woodbridge's formula No. 1 and No. 2. The soft capsules are labeled "Guaiacol Comp."—Formula No. 3, each package containing 1 dozen capsules.

Other preparations are on the market labeled "For the Abortive Treatment of Typhoid Fever;" and I should advise you to avoid prescribing *such* prescriptions. I regard it as dangerous to the best interests of the profession, as it is a temptation to druggists and laymen to prescribe for others. Dr. Woodbridge writes me he has had an application from a layman for the medicine, and a physician in Omaha mentions two English nurses who found typhoid cases so easily aborted by this remedy that they declared their intention of returning home and treating typhoid fever on their own responsibility.

Up to the present time Dr. John Fife, of Red Bluff, Cal., is the only physician, so far as I am informed, who condemns this treatment. Dr. Fife could scarcely have presented in a more elaborate dissertation more conclusive evidence of his unfitness to carry out the intricate and delicate abortive treatment of typhoid fever than is contained in the brief paper which he read before the California Northern District Medical Society (*vide* MEDICAL TIMES, vol. ix, p. 224). He states, very truly, that Dr. Woodbridge insists upon the importance of beginning treatment early, and says: "The statement was made that, unless so begun, it would not always be possible to abort the disease, nor even to avert a fatal issue," adding, "I direct your attention particularly to this statement, because in his own practice the doctor appears to have an invariable prognosis, namely:

'there is no danger from typhoid fever if properly treated early;' " and yet Dr. Fife offers "the following history of cases" as conclusive evidence of some of the doctor's statements, and as suggestive of the possibility that his success was due to a most extraordinary run of good luck:

"In the latter part of January I was called to attend a family of children, the mother of whom I had previously attended through a severe attack of typhoid. Three children were sick with the fever—seventh day—two of them with grave, and the third with mild symptoms. The surroundings were extremely unsanitary. I placed them upon the usual treatment, but on the morning of the third day of my visits, and of the tenth of the disease, I became convinced that, in view of its unusual virulence, the unfavorable surroundings and unskilled nursing, the two grave cases would terminate fatally under the plan of treatment then being carried out. I now determined to try the Woodbridge treatment; it was begun simultaneously in all on the evening of the tenth day."

Dr. Fife, by repeating the statement, showed that he understood that Dr. Woodbridge wished to emphasize the importance of instituting antiseptic treatment as early as possible in the course of the disease. Notwithstanding the fact that two of his cases presented "grave symptoms," he visited them three days, and on the morning of the third day realizing "that the two grave cases would terminate fatally under the plan of treatment then being carried out." He says, "I determined to try the Woodbridge treatment;" yet he waited until "the evening of the tenth day" to begin the antiseptic treatment.

He does not tell us what he understands by the "Woodbridge treatment," except to give the names of the medicines advised by Dr. Woodbridge. He does not mention the size or frequency of the doses administered. He does not tell what preparations he used, nor who compounded his prescriptions. He does not say what effect he expected, and only incidentally, in the history of the cases, does he tell us that he had no idea of, and utterly failed to secure, the effect which Dr. Woodbridge insists upon as essential to the success of the treatment.

Dr. Woodbridge teaches that a free laxative effect of the remedies should be secured by the end of the second period of 24 hours, and during the next succeeding like periods not less than five or six free evacuations of the bowels should result from the administration of the medicine during each day. Dr. Fife says that the "bowels were checked after the thirteenth day (third day of treatment)," which is absolutely conclusive evidence either that some of the ingredients of

Dr. Fife's prescriptions were inert, or that the remedies were not properly administered. After ten days of this inefficient treatment Dr. Fife says "it was discontinued on the morning of the twentieth day as useless." In other words, he waited until the symptoms showed the presence of anatomical lesions, for he says: "On the morning of the third day of my visits, and the tenth day of the disease, I became convinced that the two grave cases would terminate fatally." And then he began what he called the "Woodbridge treatment."

Through some fault of the druggist, the nurse, or himself, he failed to secure the effect of the remedies, and upon this wholly inadequate test condemns the treatment "as useless." He seems to be totally oblivious that the fault was not with the "treatment," but in the manner of its application. Would any of you consider this unfair evidence as of any weight against the favorable opinions of hundreds of other physicians who have given the remedies honest and conscientious trials, and got the good results to be expected?

When we consider that an unjust condemnation of this treatment may make us responsible for the death of many people, let us weigh our opinions carefully before expressing them to others whom they might mislead. As far as used my results have been all I could wish for, and I am by this evidence forced to the conclusion "that death is a wholly unnecessary consequence of typhoid fever," and that every case in which proper treatment is instituted sufficiently early in the course of the disease can be aborted.

MEMORANDA.

Disarticulation of the Shoulder for Gunshot Fracture.¹

A. L—, 26 years of age, entered the French Hospital, San Francisco, on September 1st, 1895, at 8 o'clock in the evening, for a compound fracture of the right humerus, produced by a gunshot. The accident had occurred at Livermore the same day, about 10 A. M. Mr. L. had started in his buggy, taking with him his double barreled gun, loaded with No. 6 shot. At a certain point of the road, he jumped from the buggy in such an unfortunate manner that the complete load of the two barrels penetrated the armpit. A first dressing of the wound was applied at Livermore, and the patient immediately sent to San Francisco. During the trip he lost a great quantity of blood, and was in a very weak condition when he reached the hospital. On account of the extreme gravity of the case, Dr. Voisard, the Resident Physician, and Dr. Villain, one of the internes, immediately sent for me. I reached the hospital about 9 P. M. The patient was taken to the operating room which, being provided with electric lights, permitted a careful examination. As soon as the temporary dressing was removed, a large quantity of coagulated blood escaped from the wound, but the hemorrhage seemed to have been stopped by the compression. The limb

¹ Read before the San Francisco County Medical Society.

was pale and cold, no pulsation was to be felt either in the radial or in the ulnar arteries. The lead had entered the posterior part of the arm, a little above the middle, and, after breaking the humerus into a great many pieces, had come out in front at the level of the insertion of the deltoid muscle. The muscles of the proximal and distal regions of the arm were torn to pieces, and the skin almost completely destroyed. Under these circumstances it was evident that no hope of preserving the limb could be entertained. The only thing which remained to be done was to decide upon the choice of the operation. It would have been, indeed, possible to save the articulation of the shoulder; by performing an intra-deltoidian amputation, and dividing the humerus at the level of the surgical neck. But the amount of skin left was so limited that what would have remained of the humerus would not have been sufficiently covered. So, I decided to disarticulate the shoulder, notwithstanding the greater gravity of this operation and the more pronounced deformity which follows it. The method employed was that described by the French surgeon, Larrey, slightly modified according to the teachings of Farabeuf, Professor of Operative Surgery at the Faculté de Médecine, of Paris, the modification consisting in the ligation of the axillary artery before finishing the section of the muscles of the posterior aspect of the arm. The patient made an uneventful recovery. An examination of the amputated limb showed that the shaft of the humerus was broken in eight pieces, several of them being almost completely detached from the muscles and deprived of periosteum. The upper fragment of the humerus measured $3\frac{1}{2}$ inches, the lower fragment $2\frac{1}{4}$ inches. The brachial artery and the radial nerve were severed. *Remarks.*—Had it not been for the vascular lesions, would a surgeon have been justified in attempting to save the limb of the patient, notwithstanding the gravity of the compound fracture of the humerus? I am of this opinion, and I would certainly have tried it, resorting to a means of treatment which I saw several times employed in France, under similar circumstances, and which consists in building a sort of frame around the mangled limb, with sheets of lead about twice as thick as the blade of an ordinary table knife. These pieces of lead, which can be obtained from any plumber, may be cut in all shapes; they act very well as a means of support for the broken bones and torn muscles; they are easily removed to allow a frequent inspection of the wound, and easily reapplied; they are not altered by the dampness of the dressings or the action of the antiseptics, and give, altogether, greater satisfaction, in similar cases, than plaster of Paris or any other apparatus with which I am acquainted.

533 Sutter street.

H. B. DE MARVILLE, M.D.

DEPARTMENTS.

OBSTETRICS, GYNECOLOGY AND PEDIATRICS.

By WALLACE A. BRIGGS, M.D., Sacramento, Cal., and

WM. FITCH|CHENEY, B.A., M.D., Adjunct to the Chair of Obstetrics and Diseases of Women and Children, Cooper Medical College, San Francisco, Cal.

Curettage of the Uterus.—DR. G. BOUILLY, of Paris, believes that curettage is an excellent operation, but one that is performed far too often, and under far too many differing conditions. In his opinion curettage can only be directly beneficial when the uterine mucous membrane and its superficial subjacent layer are diseased, though indirectly the muscular system, the circulation and the innervation of the organ may be favorably affected by the

ablation of septic or foreign products from the uterine mucosa. Curettage attains rapid and definitive hemostasis in hemorrhagic endometritis caused by the presence of chorial and placental debris on the uterine mucous membrane. Nearly all continuous or recurrent hemorrhage in women still young, excepting in benign or malignant neoplasms, is due to this cause. Inquiry will show that hemorrhage accompanied by pain, first occurred after a delay of five, six, or more weeks in the appearance of menstruation, and that continuous or interrupted metrorrhagia has existed since that time. In these cases rest, cold and warm injections, and the best hemostatic preparations generally fail. It is not necessary that the instrument should bring away a large quantity of detritus. Cure is often attained by the detachment of a single fungous point, sometimes localized in a small spot near the fundus, or one of the angles of the uterus. But if one or more of these points have been neglected or forgotten, hemorrhage returns, and can only be controlled by a more thorough curettage. Curettage is also indicated in infection of the mucous membrane itself—true corporal endometritis. Here metrorrhagia generally becomes menorrhagia. The menses become more frequent, more abundant, more prolonged, and in the intervals of menstruation the uterus becomes the seat of a muco-purulent, or entirely purulent discharge. Hemorrhage can be controlled, and the uterus prepared for the application of modifying remedies only by ridding the mucosa of its septic products. Curettage is uncertain and inefficacious in metrorrhagia caused by lesions of the annexes, by fibroids and polypi, by parenchymatous metritis, and by the menopause. In all these conditions the vessels of the uterine mucous membrane only respond to circulatory and nervous troubles, of which the uterine parenchyma is the seat, and no treatment of the internal surface can modify its method of reaction. Curettage is *par excellence* the treatment in endometritis of the body of the uterus; it will do wonders in the caseous metritis of elderly women in which the secretions decompose and simulate cancer; but it will nearly always fail in total parenchymatous metritis, in interstitial infiltration, in diseased vascularization, and in disturbed innervation. It will seldom succeed in membranous dysmenorrhea, and never in hydrorrhea, symptomatic of lesions of the annexes. In metritis of the cervix curettage is seldom indicated. It is dangerous in acute or subacute infection, useless in chronic inflammation. In cervical glandular endometritis the lesions of the submucous and intermuscular *culs-de-sac* cannot be reached by the instrument. Cervical tears, whether recent or of long standing, cannot be benefited by curettage, because an operation here must include the ablation of the diseased parts and the restoration of the lost forms. In the peri-uterine affections the influence of curettage can only be prophylactic.—*Journal de Médecine de Paris*, September 22, 1895.

SURGERY AND ANATOMY.

By T. W. HUNTINGTON, B.A., M.D., Surgeon Southern Pacific Company's Hospital Sacramento, Cal., and

GEO. B. SOMERS, M.D., San Francisco, Cal.

Schleich's Infiltration Method for Local Anesthesia.—The subcutaneous and parenchymatous injection of a weak cocaine-morphine solution, known as Schleich's method, seems to have found a good deal of favor with some surgeons. At a recent meeting of a medical society a surgeon had an injection administered into his forearm, submitted to an incision of the skin an inch in length, and lastly, had the incision sutured without manifesting any feeling of pain.

He admitted that the procedure was painless, and said that at least fifty per cent. of the operations now done under general anesthesia will ultimately be performed by the aid of this method.—*Medical Press and Circular*, December 11, 1895.

The Brand of Gunshot Wounds.—In a study of gunshot wounds with reference to the proximity of the weapon at the time of firing, DR. J. N. HALL states that the brand due to the burning of the gases of combustion always assumes a constant position. He states, that this was first pointed out by Dr. Fish, in October, 1884. Dr. Fish showed that the reason for its constant position toward the side of the bullet hole to which the hammer and sight of the weapon had been directed at the instant of firing was, that the kick of the pistol throws the muzzle upwards. The gases of combustion being necessarily behind the ball, tend to follow the new direction of the barrel. Hence they strike above the bullet hole.—*Boston Medical and Surgical Journal*, November 14, 1895.

Tendon Grafting.—DR. SAMUEL MILLIKEN describes a new operation for deformities following infantile paralysis. In the case reported there was complete paralysis of the anterior tibial muscle, which occurred in a child when eighteen months old. At the time of operation the boy was nine years old and wore a brace. In removing the brace the foot dropped into the position of equinus. On attempting voluntarily to flex the foot on the leg, all the toes were seen to respond, but the whole foot was forced into extreme valgus. This showed that all the other anterior muscles were unaffected. The operation consisted in uniting a slip from the tendon of the extensor proprius pollicis to a slip from the lower part of the tendon of the tibialis anticus. The operation was successful and restored much of the motion of the foot.—*Medical Record*, October 26, 1895.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M.D., Sacramento, Cal.

Chronic and Syphilitic Ozena and Purulent Middle Ear Disease Treated by Oxygen Gas.—DRS. GRANT and MACNAUGHTON-JONES report a case of chronic ozena which was cured in 16 days by passing oxygen gas into the nose every alternate hour during the day. The offensive smell disappeared in three days. A case of syphilitic ozena was treated in the same way, and was cured in four weeks. A case of purulent middle ear disease in a child who had been suffering for 7 years with constant discharge, offensive odor, and pain, was cured by nine weeks' treatment. The oxygen was used at intervals for three hours daily.—*Medical Press and Circular*, January 29, 1896.

Formic Aldehyde in Ophthalmic Practice.—DR. JAMES MACKENZIE DAVIDSON has found Schering's formaline (which consists of 40 per cent. of formic aldehyde), very useful in certain eye diseases. He has had particularly favorable results from it in the treatment of hypopion ulcers of the cornea. The formaline is used in solutions of 1 to 2000, or 1 to 3000, applied freely every hour. The solution is dropped into the eye, while the lids are kept working, so that the eye is thoroughly bathed. Dr. Davidson's experience leads him to think that this treatment will largely obviate the necessity for the use of the galvano-cautery, or other operative treatment for this class of cases.—*British Medical Journal*, January 18, 1896.

DERMATOLOGY, SYPHILIS AND VENEREAL DISEASES.

By G. L. SIMMONS, JR., M.D., Sacramento, Cal.

Creasote in Lupus.—ZÉRÉNINE uses (*Semaine Med.*) the beechwood product pure, on compresses, or a 10 to 30 per cent. solution in oil or glycerine, with good results. The treatment is slow, but is useful when operative measures are declined. It produces a minimum of scarring.—*Journal Cutaneous and Genito-Urinary Diseases*, February, 1896.

Thyroid in Lupus.—MR. MALCOLM MORRIS presented to the London Dermatological Society (*British Journal of Dermatology*), a case of lupus of long standing, which had caused extensive destruction of the nose, cheeks, and neck. Under thyroid, 1 to 5 tabloids daily, the ulcers healed, and the disease progressed satisfactorily.—*Journal Cutaneous and Genito-Urinary Diseases*, February, 1896.

One Authentic Cure of Leprosy.—DR. GOLDSCHMIDT, of Madera, describes, in the *Bulletin Medical*, December 18, 1895, a case of leprosy cured with europhen (iso butyl ortho cresoliodide), which he believes is the only case on record. The patient showed leprous patches on the face and limbs, which he treated with a solution of 5 grammes of pure europhen to 95 grammes of olive oil. This was rubbed into the leprous patches, with brisk friction, twice a day, ten minutes at a time, for 4 years. It was also applied on cotton at night, with tampons for the nostrils all the time. The leprous patches disappeared, and in some places the skin healed and looked normal, in others there were scars, but there is not a trace now of leprosy, nor of the leprous bacillus. The leper hospital at Funchal dates from the fifteenth century, when convicts and lepers were transported from Portugal, and is still the only one of its kind in the kingdom. The poverty and insufficient food of the natives favor the development of leprosy, especially as the use of the bath is unknown. Dr. Goldschmidt has published a book on leprosy, and has tried every remedy without success until this case.—*Journal American Medical Association*, February 15, 1896.

Castration for Hypertrophy of the Prostate.—The last two numbers of the *Centralblatt f. Chirurgie* (January 4-11, 1896) each contain an account of a successful operation of this kind. One by PROFESSOR BRUNS freed the patient from the catheter he had been compelled to use for six months. PROFESSOR TAISRT writes to the *Klin. Chirurg.* in regard to this case, reviewing all the literature on the subject and heartily indorsing double castration as the last and safest means of relief. He asserts that the disturbances of the psychic functions, observed in some cases after castration, were due to previous causes, and not to the operation itself. The second case was treated by DR. ROOSING, of Copenhagen. A man of 85, in 11 years, had never had a spontaneous discharge of urine, but had been compelled to use a catheter constantly. Operation became necessary, as even the smallest sized catheter caused pains and bleeding, and patient was wasting away from this and other complications. Two months after double castration, patient was well and strong, with normal and natural urinations; the elasticity of the bladder almost completely recovered, and general health and spirits restored in a remarkable degree.—*Journal American Medical Association*, February 8, 1896.

MATERIA MEDICA AND THERAPEUTICS.

By WM. WATT KERR, M.A., M.B., C.M., Professor of Clinical Medicine, University of California, San Francisco.

Dr. Edson's Treatment of Phthisis Pulmonalis.—The fact that phenol is present in the urine of healthy men, and that the percentage of phenol in the

urine is enormously increased during disease, led DR. EDSON to the supposition that phenol is nature's disinfectant, and that it could be introduced into the body in quantity sufficient to act as a disinfectant without injuring the patient. He believes that the amount of phenol necessary for this purpose has been overestimated by physicians, and that the inherent resistance of the tissues has been overlooked. Probably his meaning is best expressed in his own words: "I am well aware that many men have drawn conclusions from experimental research that at least 1 per cent. of phenol to the entire amount of blood in the system is necessary to effect the result aimed at, and that such an amount would be overwhelmingly toxic. But these scientists too often lose sight of the fact that experiments outside of the body are not, and never can be, identical with results depending in part on factors operating within the body. The blood is an antiseptic fluid when within the body, and one of very considerable power. Its natural resistance to germ infection, though this doubtless varies in different individuals, is great. A comparatively small amount of antiseptic reinforcement therefore may be sufficient to increase that resistance to the desired point." Pilocarpine was added to the solution for two reasons: (1) To induce leucocytosis. (2) To stimulate glandular activity. It also accomplishes a third purpose, for it is an expectorant and stimulant of secretion of very considerable power. It causes a certain increase in the amount of water separated from the blood in the lung cells. This is shown by the fact that there is an increase of watery vapor carried off by the breath of a person taking it.

Composition of the Fluid:

	Per Cent.
Water	97.2411
Phenol	2.7401
Pilocarpine-Phenyl-Hydroxide.....	0.0188
Total.....	100

The composition of pilocarpine-phenyl-hydroxide is as follows:

	Per Cent.
Pilocarpine	53.92
Phenol	46.08
Total.....	100

The dosage should begin with 50 to 70 minims daily given in the abdominal parieties in a single injection. This dose should be increased about 10 minims daily, until 100 or 120 minims is reached. This latter dose should be kept up daily until the patient has recovered, or until some symptoms appear which indicate to the attending physician the discontinuance of the fluid. This would probably be the case if, for instance, albumin should appear in the urine, or if unusual nervous symptoms should develop, or if persisting nausea should be present, or if any symptom which was an evidence of a personal idiosyncrasy against the remedy should show itself. In addition to the injections inhalations are used to clear the larynx and bronchi of infective material contained in the secretions. The most efficient spray is a 10 per cent. solution of iodoform in ether; or, if the spray be too irritating, its use may be preceded by the following spray, which will render the throat less sensitive:

Acid. Carbolic.....	3 parts
Glycerini	10 parts
Aquæ Distil.....	87 parts—M.

To those who cannot tolerate the odor of ether, the iodoform spray may be made as a 10 per cent. solution of iodoform in olive oil. The injections can

also be used with benefit in the treatment of malaria.—*Medical Record*, February 8, 1896.

MEDICINE AND PATHOLOGY.

By ALBERT ABRAMS, M.D., Professor of Pathology, Cooper Medical College, San Francisco.

Gastrosuccorrea.—DEBOVE is of the opinion that continuous hypersecretion of gastric juice is primarily a nervous affection dependent on a functional disturbance of a pathological condition of the gastric glands [*sic*]. One can differentiate in the course of the disease three stages: Hyperchlorhydria, continuous hypersecretion, and dilatation of the stomach with stagnation of the ingesta. An explanation of the dilatation is not clear. "Is it," asks the author, "a chronic inflammation of the gastric parietes, with involvement of the muscular coat, or a pyloric stenosis dependent on nervous or reflex influences, or mechanical changes (cicatrizing or cicatrized ulcer)?" In the first two stages, the affection can be controlled by the bicarbonate of soda in large and repeated doses, or by subnitrate of bismuth and lavages of the stomach. In the third stage of the disease, the treatment is only palliative. In advanced cases, an unfavorable termination is with difficulty prevented. Death occurs in consequence of weakness, inanition, or by the advent of severe affections of the lungs, or the central nervous system (tetany), or by the development of an ulcer (fatal hemorrhage or perforation of the stomach). The latter complication is not infrequent, and bears a certain connection with hyperchlorhydria. The ulcer may be dependent as a result of hyperchlorhydria, or may be dependent on the same nervous conditions which instigate hyperchlorhydria. In the case quoted by Debove, from 75 to 100 ccm. of fluid (gastric juice) was removed from the empty stomach. The quantitative examination yielded the following: Total acidity, 3.78 (normal, 1.89); chlorine, 5.38 (3.21); free hydrochloric acid, 1.02 (0.44).—*Medicine Moderne*.

Paralytic Types of Cerebral Hemiplegia.—LUDWIG MANN refers to a paper by Wernicke (*Berliner klin. Woch.*), which embodied a matter of great interest, but which up to the present time has received but little attention. Wernicke demonstrated that in all cases of hemiplegia the paralysis implicates all the muscles of the leg in the beginning; gradually the power was restored in certain muscles, leaving other muscles—the so-called predilection muscles—permanently involved. The predilection muscles in hemiplegia, which are permanently paralyzed, or, at any rate, paretic, are the flexors of the leg and the dorsal flexors of the foot. The paralysis of the latter muscles is so constant a manifestation that it is rarely absent, even in old cases of hemiplegia. This fact enables one to pronounce with certainty that the hemiplegia is produced by a lesion of the pyramidal tract, and serves to distinguish an organic from a functional paralysis. The distribution of the paralysis in hemiplegia serves to explain why hemiplegics are usually enabled to regain the power of locomotion, inasmuch as the power of the muscles concerned in walking is usually restored. The muscles, which are not permanently paralyzed, are, according to Wernicke: (1) Flexors of thigh. (2) Extensors of leg. (3) Plantar flexors of the foot. Mann has studied the hemiplegic paralytic type of the upper extremity, and here, also, he has demonstrated predilection muscles. Individual muscles are not paralyzed, but groups of functionally synergistic muscles. The muscles which remain permanently intact are those which close the hand and pronate the entire arm, whereas the predilection muscles were found to be those which opened the hand and supinated the arm.—*Sammlung klin. Vorträge*, August, 1895.

MENTAL DISEASES AND MEDICAL JURISPRUDENCE.

By A. W. HOISHOLT, M.D., Assistant Physician, State Asylum for Insane,
Stockton, Cal.

The Treatment of Epilepsy with Bromide Combined with Adonis Vernalis.—Inspired by the suggestions of Poulet, to administer other remedies in epilepsy besides bromides, such as eserin, picrotoxin, belladonna, atropine, or digitalis, and by the combined therapy of Flechsig, according to which opium treatment is to precede large doses of bromide, DR. W. V. BECHTEREW has, for a number of years, tried to increase the effect of bromide, which is often ineffectual when given alone by the addition of adonis vernalis. Assuming the epileptic attack to be due to an active hyperemia, the writer selected adonis vernalis, as it is a remedy which has a constricting influence upon the blood-vessels by reason of the increase in blood-pressure caused by it. The results were very satisfactory. The attacks are not infrequently reported to have ceased altogether; in many cases they diminished in number and severity. The mixture given contained an infusion of adonis vernalis (2.0-3.75: 180.0), to which was added 7.5-11.25 of bromide; the dose being 4 to 8 tablespoonfuls daily (10 to 40 grs. adonis vernalis, and 40 to 120 grs. bromide, daily). The treatment was often continued for several months without producing any deleterious effect. The author has also seen favorable results from the addition of codein to the above mixture.—*Neurolog. Centralblatt.*—*Centralblatt f. innere Medicin*

Liability of Husband for Medical Services to his Wife, Living Apart from him by Agreement.—In an article having this title, MR. LORENZO D. BULLETTE, of Philadelphia, says that, while a husband must, according to the law, provide his wife with necessities, including medicine and medical services, it does not necessarily follow, where a husband and wife are living apart, under an agreement, and a physician, who had no knowledge of the existence of such an agreement, renders medical services to the wife at her request, that the husband is liable in such a case. In an action of this kind (*Lawrence vs. Brown*, 59 N. W. Rep. 256), the trial court, on the evidence submitted, instructed the jury to find for the defendant. The plaintiff excepted to this instruction, and on appeal the Supreme Court ruled as follows: "It is not questioned but that, in the absence of the agreement between the defendant and his wife, the defendant would be liable for the services sued for. The defendant and his wife were, by mutual agreement, living apart, and, while so living, agree that the defendant shall pay, and that she will receive, fifty dollars per month for her support and maintenance and family expense. The plaintiff, without, so far as the certificate shows, any knowledge that they were living apart, or of said agreement, rendered medical services to the wife at her request. Conceding that the agreement was valid and binding between the defendant and his wife, it certainly was not as to the plaintiff, under the facts presented in the certificate. It may be said that we should look to the facts proven to see what questions are involved, but not so. We look to the record to see that the questions certified are involved, but not for the questions not certified. Whether or not the plaintiff would be bound by the contract between the defendant and his wife, if he knew thereof before rendering his services, or by notice from the defendant that he would not be responsible for bills incurred by his wife, we do not determine, as that question is not certified for our determination. Our conclusion is that the question, Is the husband liable for medical services under the circumstances? must be answered in the affirmative.—*International Medical Magazine*, September, 1895.

FORMULÆ.

By H. E. SANDERSON, M. D., Assistant Physician State Asylum for Insane, Stockton, Cal.

Tape Worm.—DR. J. H. NEWINGTON prescribes:

Potassii iodidi gm. 2.25
Iodine 0.75
Water 30.00—M

S.—Ten drops 3 times a day.

Hemorrhoids:

Gallic acid 10 gr.
Ext. of opium 4 gr.
Extract of belladonna... 5 gr.
Simple unguent ½ oz.—M

S.—Apply locally, morning and night.—HARE.

Cough Mixtures without Opium:

Dilute Hydrocyanic acid ½ dr.
Dilute nitric acid 3 dr.
Glycerine 1 oz.
Infusion quassia to make 6 oz.—M.

S.—Tablespoonful in wineglass of water 3 times a day.

Dilute hydrobromic acid 1 dr.
Spirits of chloroform 1 dr.
Syrup of wild cherry and mucilage to make 1½ oz.—M

S.—Teaspoonful, as required.

—Practitioner.

PUBLIC HEALTH.

By W. R. CLUNESS, M.A., M.D., San Francisco, Cal.

Mortality for January, 1896.—The deaths registered in 52 town districts of the State, during the month of January, in a population of 717,806, correspond to an annual rate of 15.84 a thousand, the total mortality having been 954. 54 deaths were due to zymotic diseases, giving an annual rate of .84 a thousand. Of these, 8 were due to diphtheria, 5 to cholera infantum, 19 to typhoid fever, 4 to diarrhea and dysentery, 5 to cerebro-spinal fever, 3 to whooping cough, 5 to croup, 4 to intermittent and remittent fevers, 2 to scarlet fever, 4 to measles, and 0 to small-pox. 334 deaths resulted from diseases of the respiratory organs, giving an annual rate of 5.52 a thousand. Of these, 183 were due to consumption, 99 to pneumonia, 34 to bronchitis, and 18 to pulmonary congestion; the rate being, for consumption and pneumonia, 3.00 and 1.56, respectively. 108 deaths resulted from diseases of the heart, 5 from alcoholism, 2 from erysipelas, 35 from cancer, and 357 from causes not given. The average annual death rate from all causes occurring in the ten largest cities and towns in the State, and representing a population of 596,000, was 16.44. The highest rate for the month occurring in cities having a population of 10,000 or more inhabitants, was reported from San Francisco, the lowest from Oakland.

METEOROLOGY.

Summary for January—Temperature.—The normal temperature of the State for January is 45.6°; the average for January, 1896, was 50.0°, a departure from the normal of +4.3°. The highest monthly mean was 63.6°, at Salton; the lowest, 27.4°, at Truckee. The maximum temperature was 112° at Salton, on the 21st. The minimum, 8° below zero, at Boca, on the 12th. The absolute range for the State was 120°. The greatest monthly range was 82°, at Salton; the least, 18°, at Point Lobos.

Rainfall.—The normal precipitation for the State for January is 4.52 inches; the average for January, 1896, was 8.45 inches, a departure from the normal of +3.93 inches. The greatest monthly precipitation was 45.17 inches, at Lagunitas; the least, a trace, at Barstow.

Wind.—The prevailing direction of wind was S.S.E.

Unusual Features.—The unusual phenomena of the month were the excessive warmth, and great amount of rainfall over the normal; both the extra heat and moisture made it a very exceptional midwinter month.—JAMES A. BARWICK, Director California Weather Service.

California—Tabular Statement for January, 1896.

Departments.

STATIONS.	TEMPERATURE.						RAINFALL.		Mean Relative Humidity	WEATHER.			WIND.	FURNISHED BY—
	Mean.....	Highest	Lowest.....	Mean High- est	Mean Low- est	Mean Daily Range	No. of Days Rain Fell.....	Total Rain- fall.....		No. of Clear Days.....	No. of Fair Days.....	No. of Cloudy Days.....		
Auburn	53.0	77	31.0	56.0	46.0	10.0	13	11.88	89.0	8	7	16	N.E.	Southern Pacific Company.
Berkeley.....	49.2	63	37.0	56.0	46.0	10.0	13	11.40	89.0	8	7	16	S.E.	Obs. University of California.
Colfax.....	48.3	70	32.0	71.0	53.0	18.0	7	23.23	73.0	13	13	5	S.E.	Southern Pacific Company.
Coronado.....	61.0	82	45.0	56.0	44.0	12.0	17	1.27	88.0	3	9	19	N.E.	Hotel del Coronado.
Eureka.....	50.0	66	35.0	60.0	42.0	18.0	11	2.89	78.0	11	5	15	S.E.	Weather Bureau Dept. Agr.
Fresno.....	51.0	67	28.0	55.0	42.0	18.0	6	1.67	47.0	8	7	16	E.	"
Independence..	43.0	63	18.0	55.0	31.0	24.0	9	3.23	68.0	9	14	8	N.W.	"
Los Angeles...	58.0	87	36.0	68.0	47.0	21.0	9	3.24	68.0	9	14	8	W.	"
Monterey	52.7	66	30.0	60.0	45.0	15.0	14	9.28	81.0	5	12	14	S.W.	Southern Pacific Company.
Napa.....	53.0	65	33.0	57.0	45.0	12.0	14	11.02	89.0	6	14	11	S.	Station Napa Insane Asylum.
Oakland	49.7	64	33.0	57.0	45.0	12.0	14	4.64	81.0	12	9	10	S.E.	Chabot Observatory.
Paso Robles...	47.0	62	21.0	57.0	36.0	21.0	8	7.30	81.0	4	10	17	S.	Southern Pacific Company.
Red Bluff.....	49.0	65	30.0	56.0	42.0	14.0	13	9.76	81.0	7	10	14	S.E.	Weather Bureau Dept. Agr.
Sacramento. ...	50.0	62	28.0	57.0	43.0	14.0	13	2.02	73.0	16	9	6	W.	"
San Bernardino	54.0	82	29.0	69.0	40.0	29.0	7	1.27	73.0	13	13	5	N.E.	A. K. Johnson, M. D.
San Diego.....	56.0	77	35.0	64.0	47.0	17.0	7	8.14	87.0	3	13	14	S.	Weather Bureau Dept. Agr.
San Francisco..	52.0	63	40.0	57.0	48.0	9.0	14	6.84	74.0	15	4	12	W.	"
Santa Barbara..	56.3	77	40.0	65.0	48.0	17.0	9	8.52	74.0	15	1	15	S.W.	Hugh D. Vail.
Santa Cruz.....	53.0	75	31.0	63.0	43.0	20.0	12	0.14	41.0	17	10	4	N.	W. R. Springer.
Yuma.....	58.0	81	31.0	72.0	44.0	28.0	1	0.14	41.0	17	10	4	N.	Weather Bureau Dept. Agr.

Blank (----) indicates data missing.

Occidental Medical Times.

COMMUNICATIONS are invited from all parts of the world. When necessary to elucidate the text, illustrations will be furnished without cost to the author.

SACRAMENTO: MARCH, 1896.

REDUCTION IN THE FEES OF MEDICAL EXAMINERS FOR LIFE INSURANCE.

It is as yet too soon to presage the degree of success that will attend the present uprising of the profession against the reduction in fees by two of the leading "old line" companies. So far, however, the response of physicians everywhere has been prompt and earnest, and it now looks as if the principles enunciated in the resolutions of the Sacramento Society, would be generally adopted by the profession on this coast. Amongst the societies that have, so far, adopted these resolutions, are: The San Francisco County, the Santa Clara County, and the Society of Yuba and Sutter counties. There are, no doubt, several others that are yet to be heard from, but it is unlikely that any organized body of the profession will fail to adopt them. The District Societies and the State Society will soon hold their meetings, and this question will then be fully and impartially discussed by these representative bodies. From far away Texas and Florida have come encouraging responses to this action on the part of the profession in the west: From Wilmington, North Carolina, we have received a circular showing that similar action was taken on November 26, 1895, and it is no doubt true that medical societies in other sections are following up the movement.

We publish elsewhere a number of letters from physicians, all well qualified to speak upon the subject. DR. B. R. SWAN, of the Mutual Life, comments very pointedly on the statement credited to MR. FIELD, of the Security Trust Company, of Philadelphia, in which that authority implies that the medical examiner is, after all, rather a secondary matter. DR. SWAN points out that, until recently, much of the work was done by the agent, but within the past eight years it has been transferred to the medical examiner. This would hardly have been done but for good and sufficient reasons; yet, in the face of this great increase in his clerical work, it is now sought to reduce the medical examiner's fee. A correspondent writing over the

signature of "Justitia" gives some wholesome advice to the companies. He points out that commissions to agents on the first premium range from 30 to 80 per cent. This commission can only be collected if a policy be issued. The medical examiner, therefore, stands between the rapacious and often unprincipled agent and his company, and is many times the means of preventing the perpetration of the grossest frauds. The suggestion limiting the agent's commission to 25 or 30 per cent., and at the same time giving him a commission on renewals, seems to be sound common sense, and it certainly has met with the approval of all practical insurance men with whom we have discussed the subject.

DR. DOWNING, of Suisun, and DR. STITT, of Vacaville, in their communications, point out the hopeful feature in this contest. It must be apparent that the companies paying the regular fee will be more likely to meet with encouragement at the hands of local medical examiners than those endeavoring to enforce cut rates. The influence of the medical examiner in the smaller towns, particularly when that official is an old resident and in extensive practice for many years, is very great; so great, in fact, that when thrown against the cut-rate concerns it will far more than outweigh the trifling economy that is sought for in the reduction of the medical examiner's fees.

NOTES.

The Medical Fortnightly.

The *Medical Fortnightly*, of St. Louis, has recently issued a small illustrated brochure, entitled "The Happy Medium," which contains 25 half-tone portraits of its staff, and conveys its purpose in its dedication: "To its friends, patrons, and subscribers, who are interested in the personnel of the *Fortnightly* staff, this little book is respectfully dedicated." If this departure be followed up by other medical journals, we shall soon have a portrait gallery of American medical editors.

The Medical Association of Hawaii.

We have received a copy of the Constitution and By-laws of the Medical Association of Hawaii. Meetings will be held annually, in the month of May of each year; notification of date, and place of meeting to be issued by the Secretary two months prior to the meeting. The Code of Ethics of the American Medical Association has been adopted, and will have "the full force and effect of an article

of the Constitution, in part, or as a whole." Provision is made for honorary membership, but the Society is intended to constitute a representative body of the regular profession in the Islands.

The State Medical Society.

The twenty-sixth annual meeting of the Medical Society of the State of California, will be held in Los Angeles, on April 21, 22, and 23. It is as yet too early to announce even a preliminary programme, but as the Society has not met in that section of the State for several years, there will, no doubt, be an abundance of contributions. We desire, at this time, to point out that the meeting of the Society and the annual Fiesta, which is now a fixture, will take place concurrently in the "City of the Angels." The Fiesta commences on the 22d, and continues for the remainder of the week. This event will cause an immense influx of visitors, and will make it very difficult to obtain hotel accommodations. It is also possible, in view of the crowds that will certainly be present, that no reduction in hotel rates will be offered. It is, therefore, not too early for members, who propose attending, to secure accommodations, and they will do well to do so at once.

Tuberculous or Tubercular?

The *New York Medical Journal* notes an editorial in the *Lancet*, in which the writer remarks that for some time past the *Lancet* has been particularly mindful of the different senses attaching to the word tubercle. Originally a purely anatomical and concisely morphological expression, it has come to signify a special infective disease, the ultimate cause of which is admittedly a specific microbe. The anatomical term of course remains, and it is etymologically correct, but the confusion that has arisen from its transfer from its legitimate and general application, to denote a special kind of nodule, due to a specific agent, is made worse when used in the attributive sense. The word tubercular is the anatomical equivalent of tubercle, and has always been so employed in anatomical text-books. It has also been equally applied to denote the various pathological changes, induced by the *bacillus tuberculosis*. The *Lancet*, and others, have attempted to dispense with tubercular, as indicative of the specific infection, preferring to it the term tuberculous. The writer thinks this latter term should be universally adopted as an attributive word to tuberculosis.

California Northern District Medical Society.

The semi-annual meeting of the California Northern District Medical Society will be held in Knights of Pythias Hall, at Red Bluff, on Tuesday, March 10. There will be two sessions only, morning and

afternoon, the evening being devoted to a banquet, which will be tendered to the Society, by the physicians of Red Bluff, at the Tremont Hotel, at 8:30 P. M. The arrangement of trains is such that most physicians in the district can attend the meeting and be absent one day only. Visitors from the south should take the Oregon express on the evening of the 9th and, returning, will reach home early Wednesday morning or forenoon. The meetings of this Society have always been most interesting and instructive, and it is worthy of the support of every physician in the district. At this date the programme has not been completed, but the following papers have been promised: "Radical Cure of Hernia," by T. W. Huntington, Sacramento; discussion opened by David Powell, Marysville. "Items of an Experience of Forty Years with Chloroform," by A. T. Hudson, Stockton; discussion opened by S. E. Latta, Stockton. "Mental Therapeutics," by M. W. Ward, Woodland; discussion opened by B. M. Gill, Dunsmuir. "The Removal of Foreign Bodies from the External Tissues of the Eye and the Treatment of the Resulting Lesions," by Wm. Ellery Briggs, Sacramento; discussion opened by J. H. Barr, Marysville. "General Hygiene," by J. R. Laine, Sacramento; discussion opened by C. W. Nutting, Etna. "Colles' Fracture," by Asa Clark, Stockton. "A Recent Case of Puerperal Sepsis," by B. M. Gill, Dunsmuir.

SOCIETY PROCEEDINGS.

SACRAMENTO SOCIETY FOR MEDICAL IMPROVEMENT.

Regular Meeting, January 21, 1896.

The President, C. B. NICHOLS, M.D., in the Chair.

The Reduction in the Fees of Medical Examiners for Life Insurance.—The resolutions on the reductions in the fees for medical examinations for life insurance, as presented by DR. T. W. HUNTINGTON, at the previous meeting, were read by the Secretary.

DR. H. L. NICHOLS: The resolutions, as just read, meet with my approval, but are, I think, more lengthy than needs be. It seems to me that we simply needed to resolve that the fee for examining for life insurance was worth \$5 at the least. It is a fee that has always been paid, and was established over half a century ago, when the ordinary fees for visiting were only \$1, or \$1.50 at the maximum. My suggestion would be the adoption of a resolution to the effect that the duties performed were worth \$5, and that no member of the Society should perform them for less money. I did not think it needed much discussion, but upon taking up the last number of THE MEDICAL TIMES, I found that there was a good deal to say in the matter, and the article published therein was certainly very elaborate. I think the arguments contained in that article ought to be satisfactory. These resolutions are admirably worded, and contain everything necessary. I am heartily in favor of their adoption.

DR. C. F. GUNDRUM: I have already put myself on record in this matter, and I have nothing to retract from what I have said. There seems to be a cyclone, or something, passing over the whole world now in the way of reducing medical fees. It is apparent in England and Germany, and it is coming to America, and the profession is very seriously affected by it. In England, they

have kept this matter of reducing fees up until now physicians attend a family consisting of 8 or 10 members, for a whole year, for 10 shillings and 6 pence, and the medical profession, all over the world, will have to brace up and tell corporations that they will not serve for such miserable fees any longer. I think it is an insult for these companies to undertake to lower a fee which is already low enough, and I take a firm stand that I will not do it. We will not starve to death; we can live without it. If the companies can get along with the irregulars, we can stand it.

DR. L. A. HARCOURT: It seems almost unnecessary to speak on this question now, as with the general tenor of the resolutions we all agree, but I think when the resolutions go on to state that we should pledge ourselves not to examine for less than \$5, they interfere with personal liberty, and I shall vote against them: If the word "pledge" be changed to read "\$5 is a fair fee for services rendered," I shall vote for it, but if the word be left in, and if our personal individual liberty must be sacrificed, I shall vote against it. This Society has no right to dictate what any individual shall charge. I think it is too important, too intelligent, and too generous a Society to do anything that would injure an individual, but when you bind down like that upon the good and true—and those who are unwilling you cannot bind—those who stand by it will be injured. I am speaking of general principles, not on the fee for examining for life insurance. I regret not having read the article spoken of by Dr. Nichols, and as some here may also not have had the pleasure, I presume the substance of it will be given by Dr. Parkinson himself. I am willing to have it said that it is the sense of the meeting that the present fees are just, and only fair remuneration for the services.

DR. C. E. FOWLER: I have no personal interest in the matter whatever. I have never done any work for the insurance companies, and I do not care which way it goes, except as the majority may decide. If they decide that \$5 goes, it is all right with me. We should stay with the fee bill. If this injures the fees, and if the fees do not suit us, we can throw them over. It is simply which of us is the best man. I did understand in the beginning that the fees were \$3 right through. If we think \$3 is not enough, let us vote it down. We have a fee bill which says \$3 per visit. If I am called out to Twenty-third and Y, I can only charge \$3, and I am fortunate if I can get \$2.50. Now, whether we think it is best to examine for \$3, or go three or four miles for \$2.50, is a matter of choice, but it does not seem to conflict with the fee bill in that respect. I have examined for other corporations, and it always required considerable time. I am indifferent in the matter, but am willing to stay with the action of the Society.

DR. F. B. SUTLIFF: So far as the general remarks go they voice my sentiments exactly. The fee bill says that we are to charge \$5 for "special examination and advice," and if an examination for insurance is not that, I do not know what it is. Regarding Dr. Harcourt's remarks when he says that this is too generous and too important a body to try to bind or pledge others to do what they do not think is right, and that by so doing we are curtailing the personal rights, or liberties of the members; I cannot agree with him. His inconsistency is shown when he proposes that we adopt a measure whereby any member of this Society shall refuse to attend a case until the bill of the physician preceding him shall have been paid. If such a measure would not curtail his liberties, then the resolution under discussion certainly would not. With regard to the younger members of the profession suffering from the adoption of the resolution, I think he is clearly in error. I think that we will serve the younger members, and all the members, by keeping up the fees as far as we can. I am with the motion, and shall vote for it from this standpoint—because of the justness of the measure. I think we should take a firm stand, and I believe we will win.

DR. G. A. WHITE: I am not an examiner for any life insurance company, but I am heartily in favor of the spirit of the resolutions under discussion. The tendency is to cut fees down, and the only way to resist that is to stand firm, and this Society has undertaken to maintain the fees which have prevailed on fee bill for thirty years. In the matter of life insurance the only way we can succeed is by pledging ourselves to maintain that position, and this is nothing more than a promise, or rather an understanding, that we will do what we agree. It does not matter much whether the word "pledge" is used or not.

DR. P. C. CAMPBELL, of Elk Grove: I am heartily in favor of the resolutions as read.

DR. W. J. HANNA: As I said before, I am in favor of the resolutions, and I believe that this Society should take some stand in this matter. No later than last week I had one of my bills returned with the statement that if I would make it \$3 instead of \$5 the bill would be promptly paid. If this Society will take a firm stand they will win.

DR. D'ARCY POWER: My action here is guided by the general principle, as I said last time, that no society has any right to go outside of the Code of Ethics of the American Medical Association, and, while I am willing to keep up the fees, I shall vote against the present movement, for the reason that a majority has not the right to lay obligations upon a member which are not contained in the conditions under which he came into the Society. I will, however, now say that whatever you may do in the matter I shall abide by.

DR. T. W. HUNTINGTON: I have already had my say on this subject, and I believe that most of the members of the Society entertain the same views. During the past month I happened to become acquainted with two men who live in two provincial towns in an adjoining county, two of the leading physicians in their respective localities. Both of those men are examiners for the New York Life and the Equitable, and after having received the circulars sent to members of the profession with regard to fees, they happened to meet and agreed that they would not examine for these companies. They, in concert, wrote letters stating that they were ready to resign, the result of which was an immediate reply, stating the companies were under obligations to them in the past, etc., and would therefore make an exception in the case of these two gentlemen. This is illustrative of what will be done here, and I will tell you, gentlemen, that the \$3 men cannot get these positions. The companies may let the \$3 men make a few examinations, but they will come back to the \$5 man who is willing to stand by his rights. You will see in the future that this work will be done by the leading and best men in the profession, those who will ask the full fee of \$5, and I believe, in the country throughout, it is the very men who decline to do the work for less than \$5 who will get the business, and those who are willing to do it for \$3 cannot get it. It does seem to me that it looks like a bid for this work if we make this concession to do it at a cheaper rate. I see no occasion, after a month's careful consideration, to change my views.

DR. F. L. ATKINSON: There has already been a great deal said upon this question, and I very much regret that I was not present when the minutes were being read. [The minutes were then read for the speaker's benefit, after which he said:] I am now heartily in favor of the spirit of the resolution. It needs no explanation. While it may be, as Dr. Power has said, if you wished to draw the line closely, and be bound under the general rule of medical ethics, not strictly correct, still, so far as being bound goes, I would much rather be bound by the action of this Society than by that of "old line" life insurance companies. I am heartily in favor of the resolutions.

DR. W. H. BALDWIN: I agree with Dr. Atkinson on the line of being bound. I think Dr. Power has misunderstood the by-laws, and that for all special examinations the fee is \$5, and I cannot understand how this action interferes with the Code of Ethics of the American Medical Association.

DR. J. H. PARKINSON said he approached this subject from a disinterested standpoint. For 13 years he had been an examiner for the Equitable Life, but upon receipt of the proposed schedule of reduced fees, he had declined to do business at those rates, and had been relieved from his position. He, therefore, had nothing to gain nor to lose in the matter. He felt it was absurd for men to hold back and to wait until somebody else had moved in the matter. Some one must take the first step, and some one no doubt would lose, but that should not deter members of the Society from acting as they deemed best. It must be evident to all, that if this reduction went into effect, that is, if it were accepted by the best men in the profession, for the two companies under discussion, it would be but a short time until it was in force with all the "old line" companies. A great deal had been said about the gradual decrease in medical fees, and this was certainly a good place to make some attempt to stop it. In the case of friendly societies, and similar organizations, any action of the profession in this direction was looked upon with suspicion and hostility. Here,

however, the contest was between medical men on the one hand and a wealthy corporation on the other, and the corporation would not receive sympathy from any quarter. He did not believe the business would go into the hands of the irregulars, and he also felt that if the profession would make a concerted effort, that this obnoxious schedule would not be maintained. Regarding the possible reduction in fees by a local company, he had the authority of Dr. Cluness for stating that no reduction would be made in the fees of the Pacific Mutual. It had been urged that it was unfair to make these resolutions binding, because there were men who were willing to do this work at the reduced figure. He thought men who took this view were making a mistake. There should be a minimum fee and it should not be too low. He believed that every man should charge as much as he thought his services were worth. There was no limit to what a man might charge, but there must be a minimum rate below which none should go. As a matter of fact, fees were kept up by the big men in the profession. It was the collection of handsome fees by the few that really set the rate at which the highest medical skill must be paid, and these fees were a direct help to the smaller men. He hoped this resolution would pass and pass unanimously. He felt certain that members who might now feel opposed to it, would by-and-by be convinced that they were mistaken. It was a question of business, not of ethics, and the decision of a majority would certainly be binding on all. It was a very important question, not only for the physician of to-day, but for those who are coming after us, as the universal tendency to reduce fees, together with the daily increasing competition, made the struggle for survival more keen.

THE PRESIDENT: Dr. Parkinson has struck the nail on the head. This is a matter of business, and I think he has the right conception of it. I am now in favor of the adoption of the resolutions.

The resolutions were then put, and upon roll call were adopted by the following vote: Ayes—Atkinson, Baldwin, Callahan, Fowler, Hanna, Huntington, Nelson, Nichols, C. B.; Nichols, H. L.; Ogden, Parkinson, Reith, McLean, Simmons, G. L.; Sutliff, Tyrrell, White, Gundrum, Campbell, Wright—Total, 20. Noes—Harcourt, Power, Wiard—Total, 3. Briggs, W. E., excused from voting.

Counter Prescribing by Druggists.—**THE PRESIDENT:** For two meetings past I have intended to introduce a subject in this Society, which affects the profession generally, and it is time some action should be taken in the premises. We have already been discussing the reduction of physicians' fees, but this is a question of the reduction of his practice, by the indiscriminate prescribing for patients by druggists in Sacramento. It is the custom for 99 out of 100 druggists to treat all sorts of diseases, rheumatism, skin disease or anything else, and not only prescribe for them once, but for weeks, usually with great injury to the patient, and with considerable injury to some member of the profession. It is a growing evil. I have sat in drug stores in this city, and have witnessed clerks and proprietors prescribing with the greatest amount of unconcern. I think it is a question which we should take seriously under consideration. I have thought over the matter for several years, and have refrained from bringing it before the Society, as I thought it might be spasmodic on the part of some druggists. It is not so; it has become a fixed practice with them. Instead of saying to a patient who comes into their store with gonorrhea, syphilis, rheumatism, or any of the numerous diseases that people are able to walk the streets with, I am not capable of prescribing for you; consult some physician, they prescribe in all these cases. They will even treat strangulated hernia with the greatest amount of assurance. While I may be entirely alone in this Society upon this point, as I have heard no expression of opinion, still I think something should be done to put a stop to it—to stop these men from prescribing who are not physicians in any particular.

DR. G. L. SIMMONS: I wish to say something in regard to this subject, and which corroborates what our President has said of the prescribing by druggists for all kinds of diseases, and, as he says, for strangulated hernia. As illustrative: A short time ago my telephone bell rang. I immediately answered, when a druggist of this town said to me: Have you examined Mrs. So and So's child; I heard she was going to see you? I said yes. He asked what was that case; saying, "I tried to fit it with a truss. What was it, Doctor, an inguinal

or a scrotal hernia?" I replied, "neither; it is hydrocele of the cord." This is an illustration of the knowledge which druggists have, and yet I presume there is hardly a druggist who will not apply a truss, thereby taking a prescription from some physician. If the attention of all our druggists were called to this matter—and it is a universal habit—I think something might be done in this way. I have in my mind one gentleman, who is a dispenser, telling me that he never in his life prescribed for anything, and this is the only one I have heard of in this town. If a man comes in for a bottle of quack medicine he gives it to him and that is all. I hope that the President will attend to this subject and bring it to the notice of the profession in general, and it might be well to invite the druggists to be present at the reading and discussion of such a paper.

DR. D'ARCY POWER: As a remedy for this condition of affairs, I would suggest the putting up of our own medicines. I have no hesitation in saying that you are not getting an identical bottle of medicine on the same prescription at a number of pharmacies. There can be no question about it at all. It is best to put up your own prescriptions, and when the druggists find there is a general move on foot they may possibly come to terms, but you will have to fight it through.

DR. C. F. GUNDRUM: I think there is more counter prescribing in this town than in any town I ever saw. The druggist, however, does one thing which is a great deal worse than prescribing himself, and that is, he takes the doctor's prescription and puts it up for another man. I have seen it in other States and in other towns, and the only effective way of stopping it is by putting up your own medicines, and getting the benefit of it.

SAN FRANCISCO COUNTY MEDICAL SOCIETY.

Regular Meeting, January 14, 1896.

The President, WM. FITCH CHENEY, M.D., in the Chair.

New Members.—I. M. HOUSTON, M.D., and C. F. PAULICKI, M.D., were duly elected members of the Society.

Dr. Basil Norris.—**DR. G. W. DAVIS**, as Chairman of the Committee on Resolutions in Memory of Dr. Basil Norris, submitted the following as its report: He who acquires the knowledge of preserving health, obviating disease and death, and exerting himself to do good to all men, deserves the homage of his fellow-creatures while living, and when he has passed away he should be held in pleasant and appreciative memory by all who have known him. Dr. Basil Norris, we are gratified to know, received a very large share of esteem and honor, and we, the members of the San Francisco County Medical Society, of which he was an honorary member, do record the fact that we sincerely cherish the memory of our departed friend and brother. Dr. Norris was born in Montgomery county, Maryland, March 9, 1828. He graduated at the University of Maryland in 1849, and entered the United States Army in 1852. He served with troops in Texas, Utah and New Mexico until 1862. He was then promoted Surgeon, and in 1863 was appointed Medical Director of one of the grand divisions of the Army of the Potomac. For meritorious service he was raised to the rank of Lieutenant-Colonel and, finally, Colonel. When retired, he was Medical Director of the Division of the Pacific. His writings are said to have been numerous and scholarly. He was a genial man, an accomplished physician and an efficient officer. He died in San Francisco, November 11, 1895.

WHEREAS, Our professional brother, Dr. Basil Norris, after a successful career, has been removed by an all-wise Providence, therefore

Resolved, That as an earnest friend and co-worker his death is sincerely felt by this Society; and that to his relatives and friends we tender our sympathy and condolence.

Resolved, That a copy of this memoir be transmitted to the *Journal of the American Medical Association*, and to the medical journals of this State, accompanied by the request that it be published.

Solid Body in a Case of Hydrocele.—**DR. C. G. KENYON** exhibited a small floating body found in operating upon a case of hydrocele. The speaker said

it was somewhat similar to the floating cartilages found in the joints. Patient came under his care for an anal fistula. When under the influence of the anesthetic he opened the hydrocele by a long incision, and this body escaped. He had not found any reference to the occurrence of such bodies in the literature of the subject. A microscopic examination of the cartilage had not been made.

Vaginal Hysterectomy for Cancerous Uterus.—DR. KENYON also exhibited a cancerous uterus, removed *per vaginam*, and gave the following history: Six months ago the patient came under his care suffering from repeated hemorrhages. She was nearly exsanguinated from the weeks of hemorrhage. He curetted the uterus, which gave her relief for three months, when the hemorrhage returned, and she was again curetted. After a further interval of three months the hemorrhage reappeared, when the speaker suspected the existence of malignant disease, although the cervix looked perfectly healthy. At the operation the body of the uterus was found to be extensively involved. The interesting features of the operation were the apparent freedom from disease of the vaginal portion of the cervix and the rapid convalescence of the patient. She was sitting up on the eighth day, and on the fifteenth day made her own bed; in fact it was impossible to keep her in bed. The ligatures are not all away yet [17th day]. He had never seen so little after effects from so serious an operation.

DR. L. M. F. WANZER: Rapid convalescence in a case of hysterectomy is certainly very remarkable. I have never seen such a quick recovery.

DR. G. W. DAVIS: I presume Dr. Kenyon has not any theory or opinion as to whether this foreign body was the cause of the effusion of, occurring with the hydrocele, aggravated the case.

A Steel Pin Removed from the Bladder by Means of the Cystoscope.—DR. M. KROTOSZYNER reported the following case: Six or eight weeks ago I was called in consultation, by Dr. Herrington, to see a woman who had been under his care for a day. The husband of the patient, while in an investigating mood, had taken a small steel pin, with a black china head, and endeavored to find where the urine came from. This pin had been pushed into the urethra and, slipping from his grasp, had disappeared. The couple becoming alarmed, sent for Dr. Herrington, who had treated her on the expectant plan. Patient had passed a few drops of blood and complained of some pain in her back, which apparently was due to her mental excitement. It was 8 P. M. when I saw her, and I immediately resorted to the cystoscope. This showed the foreign body in the anterior wall of the bladder. The point was engaged to the right of the urethra and the head floating about half an inch from the anterior wall near the middle line. The area of mucous membrane around the point was discolored. The patient was anesthetized and the urethra dilated by means of Simon's speculum. The index finger was then passed into the bladder and the foreign body withdrawn quite easily, the entire operation only occupying one minute. Patient was about, attending to her regular duties, in 3 days, with no bad effects. About a year ago I discussed, before this Society, the value of the cystoscope as a means of diagnosis. At that time several of the members present doubted the efficacy of this, then, modern instrument. In this case it was quite plain that we could not have done so well without it. I could see exactly what I was doing, and could even have done better if there had been a forceps on the cystoscope, as has lately been added. It was far better to know just where to grasp this foreign body than to have gone hunting around for it.

DR. J. HENRY BARBAT: Cystoscopic examination of the female bladder is not best made with the regular cystoscope. Howard Kelly's method, by the cylindrical specula, introduced with the patient's hips elevated, seems to be, by far, the best method. In removing this particular foreign body, with his speculum, there would have been no necessity for a further operation, as it could have been withdrawn by a small forceps through the tube. The bladder balloons out and a most perfect view is obtained. Dr. Carpenter can, no doubt, tell us all about it, as I have seen him demonstrate it several times.

DR. F. B. CARPENTER: Dr. Barbat has stated all the important points. In removing a foreign body of this kind, as Dr. Krotoszyner has done, there is a remote possibility of dropping the needle. I have been much pleased with Dr.

Kelly's method of examining the bladder. Quite recently I readily diagnosed an epithelioma of the base and two small polypi floating loosely in the bladder.

DR. C. G. KENYON: I have used Howard Kelly's method, and find it very satisfactory, and it is certainly the best method of removing a foreign body such as was present in this case.

DR. C. G. LEVISON: I cannot agree with Dr. Kenyon; I believe that Dr. Krotoszyner's plan was correct. The introduction of the cystoscope did not require any dilatation of the vesical sphincter, which would be demanded by Kelly's method.

DR. CARPENTER: Kelly's method is as easy if not easier than that by the cystoscope. The specula come in various sizes; the one I generally use is about 10 centimeters in diameter. When the patient is in the correct position, with the hips elevated, the intestines gravitate toward the diaphragm, the air rushes in and balloons out the bladder and anything in it is brought into perfect view.

DR. J. D. ARNOLD: This subject is somewhat out of my sphere, but I would like to mention a case occurring in the practice of a friend, where six small hair-pins self-introduced, were removed by an ordinary male urethral sound that had been converted into a magnet by means of a galvanic battery.

DR. KROTOSZYNER: With all possible respect for the instrument advocated by Dr. Barbat and Dr. Carpenter, I think, for diagnostic process, the cystoscope is better. It is not large, and it can be used on both sexes. In this case, I did not know positively that the pin was in the bladder. Had there been no head, instead of the one-eighth inch head the pin had, I would have proceeded differently. I think 40 or 50 years ago, a tube and lamp arrangement similar to Kelly's, was brought forward.

Salivation in a Child from Less than Two Grains of Calomel.—DR. KROTOSZYNER also reported the following case: Three months ago I was called, one evening, to see a child who was exhibiting a peculiar rash. The temperature was 99.5° F., and after an examination I felt certain that the rash was neither that of measles nor scarlet fever. A diagnosis was not made, and the child was put upon small doses of calomel, $\frac{2}{3}$ of a grain in five grains of sugar of milk. Six powders of this character were ordered. The next day I found that the rash had disappeared. The mother had given the powders as directed, though the two first had been spit out and one was in the box. At this visit I noticed a slight pharyngitis and, on calling the following day I found the child profoundly salivated. There was an immense flow of saliva, the cheeks and gums were excoriated, the tongue thick and teeth loose. The child was fed by the rectum for ten days, as it refused all nourishment. A mouth wash of permanganate of potash, and later a solution of nitrate of silver, of gradually increasing strength, was used. This case is certainly a peculiar one, the dose being very small, the child not getting from $\frac{1}{2}$ to 2 grains in all, and we know that children, as a rule, stand proportionately larger doses of mercury than adults. There was no dyscrasia; the child was apparently perfectly healthy. All the text-books that I have examined advise larger doses than I gave, and many authors give calomel as an opening medicine in all diseases.

DR. C. G. KENYON: It is not always the amount of the drug taken that implies the resulting trouble. I remember Dr. Boyson being severely salivated by two compound cathartic pills. When the calomel treatment was more in vogue, attention was paid to its elimination by the bowels. In this case it was possible there was an acid condition of the secretions, as it is evident that all of the drug was taken up by the system.

DR. S. S. HERRICK: It is an old idea, and an incorrect one, that acids have anything to do with these cases. The normal gastric secretion is acid, and I believe that this child had an idiosyncrasy for mercury.

DR. P. M. JONES: There is a possibility in this case that the calomel had undergone chemical change. In a case under my care two powders, each containing 1 grain of calomel, set up acute mercurial poisoning in 24 hours after ingestion.

DR. G. W. DAVIS: I think the tendency now-a-days is to give less mercury to children. A few weeks ago I was called in consultation to see a child $3\frac{1}{2}$ years old suffering from bowel trouble, with persistent and profuse watery evacuations. The physician who had been in attendance for four or five days had been giving one-eighth to one-tenth of a grain of calomel every 3 or 4

hours. The calomel was stopped, and within 24 hours there was a very marked improvement, with a recovery in four or five days. Regarding the eruption, 14 years ago I noticed a decidedly suspicious scarlet rash in a child 5 years of age, to whom calomel had been given. In this case the calomel was stopped, and the rash disappeared. It was evidently a neurosis.

DR. W. E. TAYLOR: I believe it has been shown that it is safer to give small doses of calomel frequently repeated, or else one dose, and something to carry it off.

DR. C. G. KUHLMAN: This case evidently admits of two explanations; either the calomel was impure, or the child had an idiosyncrasy for the drug. In an experience of 15 years as a pharmacist, I may say I have not found many samples of calomel adulterated with corrosive sublimate.

DR. A. P. WOODWARD: We often have, in children, varieties of a transient or ephemeral eruption that comes on in a day and disappears as rapidly. The cause of these rashes is often unknown, but it probably depends upon some disturbance of the intestinal tract.

DR. C. G. LEVISON: The mere fact of the salivation of this child seems to have been overlooked; it was simply a case of mercurial stomatitis.

DR. W. WATT KERR: Regarding these rashes, we often find them extending over the whole body and very much resembling the scarlet fever rash. As a rule they cover the body more quickly than other rashes. They last a variable time. I have had such a rash for two succeeding years, and, on the first occasion, was treated for scarlet fever. There are fatal cases of stomatitis characterized by an irritating mucous discharge of a peculiar greyish color; this affection is rapidly fatal. Dr. Krotoszyner's case may have been similar to this.

DR. KROTOSZYNER: I do not believe that my case was similar to the cases mentioned by Dr. Kerr. There was no kidney disturbance; the rash disappeared quickly, and was not followed by desquamation. The stomatitis appeared within 24 hours after the the first dose of calomel. The life of the child was really in danger, and that such a result could ensue from such small doses of calomel should be borne in mind by every practitioner, as most of us use calomel quite freely. There was no error in the compounding of this prescription.

A Case of High Temperature from Carbolic Acid Intoxication.—DR. C. G. KUHLMAN: I wish to report a case which is interesting in these microbic days of medicine. A colleague of mine had been called to a case of abortion, and had curetted the uterus. In two days he found the patient had a temperature of 104° F., and, becoming alarmed, I was called in consultation. Patient was anesthetized, the os dilated, when it was found that the uterus was perfectly clean and empty. Upon withdrawing my finger, after examination, I noticed a strong carbolic odor, and on investigating found the vaginal *cul-de-sac* filled with a carbolic solution which had been used as an irrigation. The doctor had left some carbolic acid in the house, and the nurse when making the solution made it too strong. We both concluded that, instead of a septic condition, we had to deal with a case of carbolic acid poisoning. The vagina was immediately washed out, and the carbolic acid was stopped. The temperature dropped to normal, and the patient made a perfect recovery. It is possible that where antiseptics are used some supposed cases of septic infection may be simply cases of carbolic acid poisoning.

CALIFORNIA ACADEMY OF MEDICINE.

Regular Meeting, November 16, 1895.

The President, WM. WATT KERR, M.D., in the Chair.

Virulent Syphilis—Reinfection of Syphilis.—DR. DUDLEY TAIT exhibited two cases of syphilis and reported others of reinfection of that disease. He said: Cases of reinfection of syphilis are rare, and these cases that I report show, in a way, the ineffectiveness of the classical treatments, even if followed thoroughly for a long time. They show, also, that through a diathesis, acute disease, or poor hygiene, the syphilis has a soil in which it becomes intense. In the following two cases, not reinfection, but this intensity is shown. *Case 1*—A man 28 years old, with a scrofulous tendency, infected two years ago.

This case was put under a most intense treatment, inunctions, iodide, six months, and six months mixed treatment, and in spite of this, there was developed, first a gumma of the tibia, followed by necrosis, which necessitated, later on, amputation of the thigh. *Case 2*—The second somewhat similar case, occurred in a man, an alcoholic. After two years thorough treatment, he developed an osteomyelitis of the tibia, and subsequently the leg was removed in the middle third. The speaker then exhibited the following case: Patient, a woman; in 1890 had suppurating inguinal glands, showing mixed infection. Two years ago, she developed suppurating cervical adenitis. She returned to France and was there treated for tubercular glands, with hydro-naphthol. She subsequently returned to San Francisco, and went under treatment. It was decided that the swellings were gummata, and the mixed treatment was used. They were afterward removed as thoroughly as possible. About one month after this, a violent cough, which nearly suffocated the patient, set in, and on percussion, dulness behind the sternum was made out, which was undoubtedly a gumma. The pressure was no doubt upon the bifurcation of the trachea. Intravenous injections of sublimate $\frac{1}{2}$ grain, were given with marked benefit. A resection of two ribs and drainage would have been attempted, had the patient not improved. *Reinfection of Syphilis*—A private patient had a chancre during the summer of 1892, and the secondary symptoms were waited for before treatment was begun. These secondary symptoms were very well marked; the mucous membranes were affected, loss of hair, etc. He was treated for six months with lanoline mercury inunctions, iodide, etc. In 1894, following an abrasion, due to a razor cut, a chancre appeared on the skin; a periostitis of the sternum and of the fingers appeared. This question of reinfection is of interest. The point is whether or no we can call cases of syphilis cured after a lengthy treatment and disappearance of the symptoms.

DR. D. D. CROWLEY, of Oakland, said: These cases of reinfection are of interest. I had a case about a year ago. The patient, a gentleman of Oakland, had syphilis about six years ago—a well marked case, too. One year ago, this same patient developed a chancre on his penis. The secondary symptoms were being waited for, when the patient became impatient, and desired treatment to begin at once, in order that the secondary symptoms might not appear. To please him I began on protoiodide of mercury $\frac{1}{2}$ gr. 3 times a day, and slightly increasing; after 3 or 4 months the spot on his penis passed away and no eruption took place. The treatment was gradually stopped and nothing developed. Now, the point arises, Why did not the eruption appear? Was the first attack the strongest, and would the first treatment of the attack antagonize a later one?

DR. J. H. BARBAT: I can speak with favor of the plan of giving protoiodide, as spoken of by Dr. Crowley. Beginning with a fifth and increasing a fifth every third day, until the gums are touched, then divide the dose in two and continue for a long time. As to an immunity from syphilis on account of a first attack, as mentioned by Dr. Crowley, I think that may be rational enough. If we accept the bacterial origin of syphilis, we may have cases where there may be only a few bacteria on the penis and no constitutional symptoms, as it is possible to have a primary sore and no secondary symptoms.

DR. W. B. LEWITT: There seems to be nothing peculiar about Dr. Crowley's case, as we often have cases where no secondary symptoms show when treatment is begun from the very first.

DR. J. F. McCONE: It has been my fortune to see and treat many syphilitic women at the Polyclinic during the past few months. The protoiodide has been used about as Dr. Barbat says, only we have found the bowels are affected long before the teeth. Keys, the originator of this so-called "tonic treatment," says that the dose should be divided in half when the bowels are affected. There are, no doubt, different degrees of syphilitic intoxication, as in New York we find it as the "East Side" and "West Side," and in London the White-chapel and Kensington.

DR. TAIT: Dr. Crowley has not proved that his case was one of reinfection of syphilis. He also says that it is the rule not to operate unless the gumma breaks down. Now, in this case, how could we see behind the sternum, and would he not operate if the pressure caused immediate danger of death? As to a cure in every case by protoiodide, it cannot be done; an intense case would defy all such treatment, and it would have to be put aside in periosteal lesions.

DR. E. E. KELLY: It is never proved that a patient has syphilis until some

manifestation is shown. Dr. Tait was right. A chancroid, if long continued and irritated, may show, histologically, the same character, or nearly so, as a syphilitic chancre. As to early treatment, I do not believe that it will prevent the tertiary symptoms from appearing. I believe that syphilis, left untreated, may break out years after and be mistaken for a reinfection.

DR. CROWLEY: As to the treatment of syphilis, I think that we can treat syphilis as thoroughly and rationally as we can diphtheria and scarlatina. If we treat a case for 2½ years on mixed treatment, it will become absolutely well. My reasons for so stating are these: My experience with genito-urinary cases in Alameda county has been very large. I dare say nearly one-third of all such cases there come under my care, and I have watched and studied these cases. Young men have been infected, been treated, and after a time become married. Their children would invariably be perfectly healthy, and, as I say, they were perfectly cured. The protoiodide is generally used, $\frac{1}{5}$ to $\frac{2}{5}$, 3 or 4 times a day. The Garnier and Lamaureux pills I find most reliable. Of course, other remedies, as mouth wash, etc., are used where indicated. Hammam baths are of great benefit, for when the skin and eliminative system is in good working order, the patient can tolerate about twice as much protoiodide.

A Case of Freund's Operation for Prolapsus Uteri.—DR. J. F. McCONE reported the following case: Last January, M. C—, age over 50, unmarried, a cook by occupation, appeared for treatment in Prof. E. von Hoffmann's department of the San Francisco Polyclinic. She complained of nervousness, a dragging pain in the back, and the presence of a body between the thighs. Examination revealed complete frank prolapse of the uterus. For several weeks pessaries were tried, but would not hold the uterus in position. Freund's operation was, therefore, suggested, as the patient was a respectable maiden lady. She went to the Children's Hospital last March, and, after the usual preparation of patient and operator, Dr. von Hoffmann passed six silver wire sutures under the vaginal living membrane. The first was passed concentrically around the vagina about two lines in depth near the junction of the vagina and the uterine cervix. The needle was introduced in the anterior middle line, carried to the posterior middle line, withdrawn; then re-introduced and passed around the other half of the vagina to the point of starting, thus encircling the vagina. The other stitches were introduced in precisely the same manner at half-inch intervals. Now the displacement was reduced, the wires tightened and twisted, beginning from above; the caliber of the vagina was thus reduced to half an inch in diameter. The ends of the wires were left projecting into the canal. The patient felt immediately relieved, for by the above procedure a dilated relaxed vagina was converted into a small, tense, patent canal. A week after she returned to her occupation as cook, and has been perfectly comfortable since, over eight months. The wires introduced are collectively a sub-mucous pessary. They merely hold up the womb. The operation is of limited application, but in selected cases is effective. Of course it renders the vagina sexually functionless, and must be performed only in confirmed old maids and virtuous and contented widows.

DR. J. H. BARBAT, in opening the discussion, said: The ends of the wire would be apt to irritate unless finished off. Buried sutures of silk worm gut might answer the purpose just as well. As to the advisability of the operation, it is limited to old women without husbands, and I think it will never come into general use.

DR. DUDLEY TAIT: It is surprising to think that this procedure is new. It is a return to the Dark Ages, and is not rational. As to the operation, it can only be done on those who practically have no more use for the uterus; a much better operation would be to remove a useless organ which is prone to degeneration.

DR. D. D. CROWLEY: There is an operation for prolapsus uteri that should do very well. The removal of a V-shaped piece of mucous membrane from the vagina. This has for its object the retraction of the vagina, and is very good. How long are these wires to remain, and have they any tendency to cause a permanent contraction of the vagina?

DR. McCONE: The wire is supposed to remain *in situ*, acting somewhat as a pessary. The operation is simple and effective, and entails no such danger as removal of the uterus would, and it therefore is not a return to the Dark Ages, as Dr. Tait says.

Guiacol as an Antipyretic in Typhoid Fever.—The President, WM. WATT KERR, exhibited a number of typhoid fever temperature charts, showing the effects of the local application of guiacol. Whenever the temperature rose above 102° F., from 10 to 20 drops of guiacol were painted over the liver of the patient, and covered with cotton and oil silk. About one hour after the application the temperature dropped, but was subsequently followed by a rigor and rapid rise in temperature, and then by a gradual fall. Further experience showed that the rigor could be very much diminished in intensity, and in many cases altogether avoided, by using the smaller doses and applying them more frequently. The charts showed the interesting and important fact that the pulse was not affected during the rigor. Beyond the usual dietetic restrictions no other treatment was used. His conclusions were that the local application of guiacol stands to typhoid fever in much the same relation as does the cold bath. The paintings are much more easily administered than the baths, and they can be accompanied by the use of antipyretics which will keep the temperature in moderation. The remedy does not seem to cut short the disease, but clears away the delirium and saves the patient's strength by the frequent and prolonged remissions which it causes in the fever.

Regular Meeting, December 21, 1895.

The President, W. WATT KERR, M.D., in the chair.

New Members.—A. P. O'BRIEN, M.D., and A. S. LENGFELD, M.D., were duly elected members of the Academy.

Election of Officers.—This being the annual meeting, the following were elected officers for the ensuing year:

J. W. WILLIAMSON		President.
J. F. MCCONE		Secretary.
G. J. FITZGIBBON		Treasurer.

SAN FRANCISCO MEDICO-CHIRURGICAL SOCIETY.

Regular Meeting, January 6, 1896.

A. E. BRUNE, M.D., Vice-President, in the Chair.

DR. A. B. MCKEE read a paper entitled, "Some Clinical Notes on Ophthalmology," [*vide* MEDICAL TIMES, vol. x, p. 65.]

DR. W. F. SOUTHARD said: It is interesting to know who used corneal sutures. H. W. Williams, of Boston, used it 40 years ago, and he always adhered to his older methods. In Paris, now, none advocate the suture but Kalt. The efficiency of corneal suture has not been settled; its opponents object that it is something unnecessary and really harmful. He had seen many hundreds of cases of corneal suture, but he could not see that it was in any way an advantage.

DR. K. PISCHL said it is a very sad fact that clinical observations seem not to be very accurate, else the efficacy of such a therapeutic measure as corneal suture would have been settled long ago; and, again, in the treatment of syphilitic disease of the eye, by subconjunctival injections, Fuchs found no better results than by inunctions; others think it has done wonders—De Wecker, for example. The speaker had tried it several times. The reaction is sometimes very great, so that the patient may refuse to take future treatments, as occurred in one of his cases. In trachoma, all sorts of energetic measures are used to clear the follicles. Any scar in the cornea is a source of grave trouble, and the cautery always leaves a scar. One cannot tell how far he is burning with the cautery. The curette is much more accurate in its work. In regard to enucleation in panophthalmitis, he would say that the shrinking eyeball left by panophthalmitis is sometimes of advantage—it carries the artificial eye well.

DR. SOUTHARD said that as for the cautery and the curette, authorities are pretty nearly evenly divided. One must not be in too great haste to take up these new methods of treatment until they have been shown to have efficiency in the clinic.

DR. GUSTAV MAHÉ read a paper entitled, "Observations on Partial Deafness."

DR. A. B. MCKEE said of course the membrana tympani has something to do with the selection of sounds, but this is preëminently the function of the organ of Corti. The loss of sounds corresponds to the loss of certain rods.

DR. EMMET RIXFORD said it was a well known fact that there are degrees of pitch which cannot be appreciated by the human ear. Some of the lower animals hear sounds which are too high in pitch for human beings to hear. An interesting experiment, bearing on this point, was tried by Dr. W. C. Riley, of this city, some years ago. Dr. Riley found, that by twisting the stopper of a glass stoppered bottle, he could make shrill, piercing sounds, whose pitch he could vary at will by varying the pressure used. By gradually increasing the pressure, the pitch was raised to a certain point, and then all sound ceased. It was found that a horse would jump as if frightened, when the stopper was quickly twisted and with such pressure that no sound was heard by Dr. Riley or the gentleman with him. This would seem to indicate that the organ of Corti of the horse was furnished with some shorter rods than that of man.

DR. W. F. SOUTHARD suggested that this might be explained by the greater development of the collecting apparatus of the horse's ear.

DR. RIXFORD thought this could not be the case, because the collecting apparatus has to do with the intensity of the sound, while the experiment seemed to be concerned chiefly with pitch.

Regular Meeting, February 3, 1896.

R. H. PLUMMER, M.D., in the Chair.

New Member.—DR. C. V. CROSS was duly elected a member of the Society.

DR. WASHINGTON AYER read a paper entitled, "The Discovery of Anesthesia by Ether; with an Account of the First Operation Performed under its Influence at the Massachusetts General Hospital, and an Extract from the Record-book of the Hospital" [published at p. 121].

On motion of DR. R. W. MURPHY, a vote of thanks was tendered to Dr. Ayer for his interesting communication.

DR. L. C. LANE asked Dr. Ayer to describe the personality of Dr. Warren and of Dr. Morton.

DR. AYER said Dr. Warren was of medium size, perhaps 5 feet 8, and did not weigh more than 150 pounds at that time. He had a great deal of energy and determination in his movements. After 50 years, it is hard to remember all the details of a scene. Dr. Morton was aged about 27. He had been practising dentistry in Boston, and was, he thought, a graduate in medicine.

DR. MURPHY said the paper brought to mind the first operation he had seen under a general anesthetic. It was the first operation done in the west under chloroform. Dr. Brainard, of Chicago, performed the operation. Most of the professors and many outside physicians were present. It was just before Christmas, in 1848, and the operation was the removal of the great toe for frost-bite.

DR. LANE: My memory runs back very much as Dr. Murphy's does. At Peoria, Illinois, I think, I saw an anesthetic given as early as 1848, by Dr. Cooper, and in 1849, while a student of medicine, I administered ether for him in a slight operation on the eye. In Philadelphia, at Jefferson, in 1850 and '51, artificial anesthesia had not yet attained great popularity. The old men were timid, and some of them strongly opposed it. The students had two lectures, one by Dr. John K. Mitchell, who strongly recommended the use of anesthetics, and advised the students to receive with caution most of the notions on the subject then taught in the school. The other was by Dr. Meigs, in 1851, who was very bitterly opposed to the use of anesthetics. He roundly scored those who, to save their patients a little passing pain, would subject them to the risk of losing their lives. It was his annual custom to bring before the class an animal and kill it with an anesthetic, in order to show the danger. I saw him bring a lamb before the class, tie it down, and, saturating a sponge with ether, tightly cover over the head of the animal so as to exclude all air. When the lamb had breathed the ether for a little while, the apparatus was opened and the sponge again saturated with the ether. This was repeated several times, and at the end of the lecture hour when the students were called to another lecture, the animal was carried out of the room still kicking. Probably this

was the best possible refutation of Dr. Meigs' views that could have been devised. Meigs opposed, most strenuously, the use of anesthetics in childbirth. He was of the old school, and believed that it was right that woman should suffer in bringing into the world a new soul. It was a sort of retribution for past faults. In 1850 and '51, I saw many operations where no anesthetic was administered. In the history of this question, I read of the introduction of anesthetics into Germany. Dieffenbach, then the most prominent figure on the surgical stage, the greatest in all Europe, wrote a long article, which was one of the most remarkable that I have ever read—his description of the past and present. He says: "What a terrible thing it is, to put a man into a state of unconsciousness, and to stand before him when he is silent and to cut him. It is appalling." This shows with what wonderful tenacity habits will cling to a strong man. He had worked nearly all his life amid the screams of those who suffered under his knife. Sir James Paget, 15 or 20 years ago, delivered a lecture on the subject of anesthetics, from the British stand-point. He gave four men the credit of their discovery and introduction. Dr. Ayer has mentioned all of them but Dr. Long, of Georgia. It is popularly stated in the South, and Marion Sims claimed it for Long, that he used ether as a general anesthetic in surgery before it was used in the North. Paget said it was very remarkable that each one of these four men had so sad an ending of his life. Wells, who had tried laughing gas, went to Boston and went before the class to demonstrate his methods of causing anesthesia. The students, as usual, pretty wild, began to make a noise. They hooted and hissed. Wells was greatly depressed; he went home and committed suicide. Jackson hastened to Paris, where he received the decoration of the Legion of Honor. He, later, became insane, probably because of his contention with Dr. Morton, and died in an insane asylum. Morton fought for the honor of his discovery, and from my study of the records I think he is really deserving of the credit. After a long struggle it was so decided.

DR. AYER said: In the account of Dr. Morton's death, as given in the *Bostonian*, which was sent him by the son of Dr. Morton, he, while riding in the park, complained of great suffering, soon became unconscious, and was removed to St. Luke's Hospital, but died before reaching there.

DR. STANLEY STILLMAN said he would like to ask for more details of the scene of the operation. How about the apparatus? How was the operation taken by the students?

DR. AYER said that the apparatus was rather complicated, and he could not remember the details of it after so many years; he would refer to the record. The students received it with the greatest expressions of enthusiasm. Cheer after cheer rang through the operating hall.

DR. EMMET RIXFORD said, in conversation recently with Barton Hill, who is well known to most San Franciscans, he had been greatly interested in Mr. Hill's description of the first operation which was ever performed under an anesthetic in Canada. During the epidemic of typhus in Montreal, in 1847, "ship fever" they called it, a great hospital was erected in the lower part of the city for the care of these patients. It contained several thousand at one time, and they were dying at the rate of 300 a day. Mr. Hill, then a young man, had a position as clerk in the hospital, and his chief duties were to attend to the correspondence of the patients, to record their last requests, and the like. In spite of the great exposure he did not become infected with the disease, though only he and one other of the 20 young doctors who worked about the hospital escaped it. Dr. Crawford, then surgeon to the Montreal General Hospital, as well urged him to study medicine, in fact, prevailed upon him and invited him to assist in an operation he was about to perform under ether. There were present a large number of medical men, among whom was Dr. Archibald Hall. The patient remained motionless till the operation—amputation of the thigh—was completed. When he became conscious he inquired when the operation was going to begin, and on being told that it was already completed, he refused to believe it, but sat bolt upright, looked at the short stump for a moment, and then fell back in a faint from which they had no difficulty in resuscitating him. A second operation—amputation of the breast—similarly successful under ether, settled the question of anesthetics in Canada.

DR. LANE: I think Dr. Ayer is to be congratulated on having been present at that hour when the most important thing performed on the American conti-

ment was done. I regard this as the greatest thing; it is of more value to humanity than anything else that has ever taken place in our country.

SPECIAL CORRESPONDENCE.

LONDON.

The Ashanti Expedition.—The Future of the Army Medical Department.—British Guiana.—The Control of Typhus Fever.—Revaccination by Laymen.—The Ideal Sanitary Inspector.—Milk and Enteric Fever.—Milk Agents as Sanitary Apostles.—The Chelsea Hospital Again.

The year is beginning gloomily with war and rumors of war. The Ashanti expedition is said to be the best found in medical respects which has ever been organized in this country. The total number of the European force which will be employed on shore is only 5,000, with one West Indian Regiment (negroes, with white officers), and auxiliaries. The medical staff for this limited force is 23 surgeons of various ranks. Some of these are attached to the hospital ship *Coromandel*, to which all bad cases will be removed as rapidly as possible. There is a good deal of difference of opinion about the climate at this time of year. Several medical officers who had had experience of the climate told me that they did not anticipate any great amount of sickness from this cause, but there is great fear of the water, which is said to be very bad. Reliance is to be placed on the Pasteur-Chamberland porcelain filters. In 1874, when the last expedition went to Kumassi, every man carried a pocket charcoal filter in the form of a solid block with an arrangement for sucking through it, or hanging it up to filter. These, no doubt, were not very efficient, but they had the advantage over the Pasteur-Chamberland that they were very portable, whereas the new appliance is cumbrous and fragile, and a very slow filterer. When it can be used, however, there is no doubt that it is very efficient. Great efforts are being made to introduce the filter into this country as a domestic appliance, and its success or failure in Ashanti will have a great effect. The success of the medical arrangements will be closely scrutinized, and by the War Office authorities, it is feared, with no very friendly eye, as the new commander-in-chief is credited with a desire to outdo his royal predecessor in his dislike of the "damned doctors," as the Duke of Cambridge and his henchmen called the Army Medical Service. Lord Wolsley sprung from the middle class, with two brothers in the medical service, has now, it is said, become too aristocratic to take a more friendly view. Already the supply of candidates is falling off, and those who apply are so far from being up to the mark that vacancies cannot be filled up, even with the most elastic conscience on the part of the department in interpreting the results of the examinations.

I have put this subject in the front of my letter to you because I think that these quarrels and excitements do really diminish the output of science and hinder the increase of knowledge. Men's minds are unsettled by such incidents as those connected during the last few weeks with the Venezuelan boundary for instance, and we find, I believe as a consequence, that the societies languish, attendances are small, and interest tepid. As I have mentioned this matter, it may perhaps be interesting to interject that there is a very well organized medical service in British Guiana, maintained by the Colonial Government, and charged also with sanitary duties. These duties have more than once brought it into conflict with the planting interest; the medical officers having taken their responsibility towards the coolies, imported under labor contracts from India very literally, and have called upon the planters to make sanitary improvements in the lodgings of the coolies, which involved the expenditure of more money than the employers thought necessary. The most important diseases are malarial, with which the General Hospital at George Town is always full, though the more severe types occur only for limited periods during the year, generally in the early spring months. There is an active branch of the British Medical Association in the colony; it issues an *Annual*, which often contains valuable papers on malarial and epidemic diseases.

Dr. James B. Russell, the Senior Medical Officer of Health for Glasgow, has issued a report entitled "The Evolution of the Function of Public Health Administration as Illustrated by the Sanitary History of Glasgow in the Nine-

teenth Century," which contains much instruction, and owing to the author's trenchant style, some amusement. Glasgow had a very evil reputation for typhus fever. The first triumph of sanitation was over this disease, and it was almost as complete as could be wished. As soon as ever the isolation of cases was undertaken the deaths dropped, and when it was made almost complete the curve descends almost to vanishing. But simultaneously much was done to diminish over-crowding, and Dr. Russell says that the deadliest blow struck at typhus in Glasgow was the suppression of over-crowding. In the five years, 1865-69, Glasgow lost 3,607 citizens from the disease, but only 70 in 1890-94. The death-rate per million from small-pox has been pulled down from 568, in 1860-64, to 11 in 1890-94. Vaccination, revaccination, isolation of cases in hospital, and of the families of sufferers in reception houses, are the means credited with the great diminution of the disease, and with its practical extinction as a cause of death. A very special feature about the Glasgow arrangements is that revaccination, in face of a threatening epidemic, is entrusted to the lay-inspectors of the sanitary authority. It was found that people tried to avoid revaccination, even after consenting to undergo the operation. "Looked at with an open mind," Dr. Russell writes, "it was clear that the man to carry out revaccination was the epidemic inspector, who was first on the spot who was known to the people, who probably was there before the removal of the case, and gave his advice in presence of the 'awful example.' Vaccination is a purely mechanical operation, a bit of handicraft. The selection of the lymph is a matter of medical responsibility. If the lymph is selected and put into the hands of a man who has acquired this handicraft, no other conditions are necessary to justify the operation. He is forbidden to vaccinate infants primarily, but he sends their names to the medical superintendent, or has the child brought to the station. If the parties prefer their own doctor, he calls upon him, informs him of the circumstances, supplies him with lymph, if he requires it, calls next day to see if the operation has been done, and does not lose sight of the business until it is ended satisfactorily." To be efficient against small-pox, Dr. Russell adds, the sanitary inspector "must combine the keen scent of the pointer, the wisdom of the serpent, and the common sense of human kind."

Glasgow is particularly interesting in the lesson it gives as to enteric fever, because it got a thoroughly good water supply from Loch Katrine, before it attempted to make any other sanitary improvements. Nothing is certainly known as to the prevalence of the disease before 1865, when the city had already had the good water for seven years. Since then the improvement has been practically concentrated in the last decade, and it is due, beyond question, to the recognition of the fact that typhoid fever may be disseminated by milk. "If we consider the history of enteric fever," Dr. Russell writes, "we observe that every occurrence of anything like an epidemic prevalence, has been caused by a distribution of infected milk; and that these epidemics have been recorded in every decade except the last." The improvement has been brought about almost altogether by influencing the traders in milk, and appealing to the public intelligence. "The hand of the customer in Glasgow was laid upon the factor, the landlord, and the authority; sanitation came to be associated in their minds with self-interest. The money of the town pays the rent in the country, and it was not to be forthcoming except under certain conditions. Milk from a pure source, comes, in the long run, to be a matter of money—a better bargain for the man with a well-ordered steading, a better rent for his landlord, a higher contract-price to the milk agent, a dearer article to the consumer." Every milk agent who conducts his business "as advised by the local authority, is an effective apostle of sanitation in the rural districts." Of other infective diseases, it will suffice briefly to say that scarlet fever appears to be now effectually controlled by isolation in hospital; that diarrhea, as a cause of death, has very much diminished, except in the case of infants, but that as to measles and whooping cough, which are now the most fell epidemic diseases, the measures of general sanitation heretofore taken have practically had no effect at all.

There has been fresh trouble at the Chelsea Hospital for Women, ending in the expulsion of Mr. O'Callaghan, Surgeon to the Hospital, and an abdominal surgeon of growing reputation. He is a faithful disciple of the aseptic, as distinguished from the antiseptic school, and the trouble grew out of a case in which the resident medical officer thought fit, on his own responsibility, and

contrary, as is alleged, to Mr. O'Callaghan's specific orders, to remove the dressings from a case in which hysterectomy had been performed. The resident believed that hemorrhage had been going on, but he had, it is stated, instructions to send for Mr. O'Callaghan at once, in such an emergency. He did not do so. Mr. O'Callaghan thus had a good case, but he threw it away by defying his medical colleagues, and refusing to abide by the regulations of the hospital. The incident will add strength to the agitation in favor of the creation of a Central Hospital Board for London, which has already found much favor with some self-constituted critics of hospital management.

The next annual meeting of the British Medical Association is to be held at Carlisle, on the invitation of the Border Counties Branch. It will commence on the afternoon of July 28th. It is likely to be a small meeting, an event rather to be desired, after the great assemblage in London last year. The multiplication of annual Congresses of all sorts and specialties, is becoming a serious tax on time and energy. Carlisle is on the verge of the "Land o' Burns," and within easy reach of Scott's country, where are many ideal summer retreats.

LONDON, January 1, 1896.

CORRESPONDENCE.

The Reduction in Fees of Medical Examiners for Life Insurance.

Sir: In your issue of February, you speak of Mr. R. P. Field's (Vice-President of Security Trust Co., Philadelphia), question: "Does it all rest on medical selection?" I answer by their own (the company's) action, Yes. Let us see. He says: "Many questions can be asked intelligently, and the answer recorded by any well trained insurance man." True; and he might go further and say any clerk who can read and write. Up to 1888, this plan was pursued. Previous personal and family history was recorded by the agent writing the risk. But *if just as well*, why was *this heading* adopted: "Questions and answers to be submitted to the medical examiner, who will witness applicant's signature thereto," and we were instructed to carefully revise and clear up any obscure points. Why was it in 1887-8, this company and other companies changed their blanks, and all this writing was thrown upon the examiner to do? Simply because the companies thought they could get better results if the Doctor had the applicant fresh and not after he had been run through by the agent, and, perhaps, *coached*. The simple fact is, that all the companies of which I have any knowledge, restrict the agent to filling up on the application blank, the mere commercial part, leaving everything else to the medical examiner to do. In the 80's, the agent did three-quarters of the *writing* on an application; now he does not do one-quarter. When Mr. Field says: "Upon nothing except the history of previous illness and the present physical condition of the applicant, is it absolutely necessary for a physician to pass," he simply gives an opinion contrary to the opinions and actions of the companies of any standing, for the last 10 or 15 years. They require much more than Mr. Field indicates. The old answers, "nothing serious;" "spit blood, but it comes from my throat;" "stomach trouble;" "nervous prostration;" "child birth," etc., don't go to-day, and the recorded answer is often the result of very elaborate questions. This goes all through—occupation, surroundings, personal and family history, and personal habits. Here is a bit of experience: Agent brings in applicant. I find A. B., "*clerk*." I question, What line of business? "Cigars and liquors." Further inquiry developed the fact that he was a pure and simple "bar tender" in a saloon. I said a few words to Mr. Agent, not particularly complimentary. The fact remains that the companies have shown by their actions, based on experience, that it practically "*does* all rest on medical selection." There may be, here and there, a well trained insurance man, who can select a risk as well as a doctor. (We know that not *all* the good military men came from West Point.) But I don't believe that Mr. Field would mark an application "approved," for his company, on the say so of the average life insurance solicitor. I am, etc.,

San Francisco, Cal.

BENJ. R. SWAN,
Med. Ref., Mut. Life, N. Y.

Sir: My opinion in regard to a reduction of the fees of medical examiners for life insurance, is most positive, and although not an examiner, I am ready

to support any collective effort to uphold the position of those who have resigned from the service of those "old line" and wealthy companies, rather than to accept an inadequate compensation for medical examinations. That a corporation, whose success is largely, if not entirely, dependent upon the honor and skill of its medical examiners, should say to its ablest physicians, "We have reduced your small fee nearly 40 per cent., and of all our employes and officials, you alone have been selected for such an unjust discrimination," would imply a challenge to the medical profession to contest the power to command the best and most necessary service at the lowest valuation. How to restore the old rate among the few "old line" companies who favor the reduction, would seem to be a simple proposition, were it possible for all competent medical men, everywhere in the United States, to follow the policy of the Sacramento Society for Medical Improvement, and refuse to work for any "old line" company that offers the smaller compensation. Such a course, conscientiously carried out, would soon compel these associations to lower the standard of their medical examiners, and the results would necessarily be seen in increased mortality. I am, etc.,

G. L. SIMMONS,

Ex-President, Medical Society State of California.

212 J street, Sacramento.

Sir: I desire, in common with other members of the profession, to express my opinion upon the proposed reduction of fees of medical examiners for life insurance. I was present at the last meeting of the San Francisco County Medical Society, when the action of the Sacramento Society for Medical Improvement, upon this subject, was received, read, and *adopted*. I shall be governed by that action, as all members of the Society are bound. I am in sympathy with the effort to keep the already low fees from being reduced. I do not care to enter into a discussion of the subject, beyond calling attention to the fact, that the success of life insurance, as a business proposition, largely depends upon the ability and integrity of the examiners. The Equitable Company has just issued a publication, showing the assets of the company to be above \$200,000,000. This vast capital has grown from the profits of a business started with a small *subscribed* investment. This immense concern is taking a false step in economy, when it would cheapen the compensations of the most important arm of its service. Will not the profession, just once, make a dignified stand? Let us not yield to the insatiate greed of these corporate bodies. I am, etc.,

C. G. KENYON,

Ex-President Medical Society State of California.

901 Sutter street, San Francisco.

Sir: "Turn about is fair play." We have had lots of advice from the companies; now let me give *them* some, which if followed will improve things all round. It is: Reform your whole agent system. The bane of life insurance to-day is the life insurance solicitor. There are very many good men in their ranks. But those most in evidence are a set of men who seem to have failed in every other walk in life. Ex-clergymen (the worst); ex-lawyers (no better); all sorts and conditions of men, who usually wind up leaving an unpaid advance in the hands of the general agent, who has been induced to "grub stake" them. They are simply after the commission, and no trick is too mean for them to play, no falsehood too glaring to tell in order to gain it. And we medical examiners are told we are the "watch dogs" of the companies, to protect them from these "wild cattle." They have no interest in the future of the company, nor in the individual. They get their commission on the first premium—30, 40, 50, 60, 70, 80 per cent., and that ends it. The commission depending on the issuing of the policy, the great thing is to "pass him," and the doctor, especially if he is a new man and in the country, is treated to everything from bribe to insult to accomplish it. A section where one of these pirates has been is a sealed book to any future life agent for months or years afterward. Now, if the general agent could cut loose from this horde and be empowered by the home office, and backed up, he could do this: (1) Select a local agent, a *resident* of the section; such a man could not afford to hazard his reputation as a passing and never-to-return agent could by any doubtful tricks. (2) Reduce the commission on first premium. Let 25 or 30 per cent. be the maximum and only commission; this would be too small for him to do much bribing or rebating; then give him an annual commission of 3 or 5 per cent. as long as the

payments last. By this plan you have an agent interested in his work and in the policy holders, and he will labor to keep him up to the work of paying his premiums. And any agent will tell you it is much easier to induce a man to pay his premium than to get him to take out more insurance; this small renewal commission would keep the agent in touch with his policy-holding neighbors, and prevent the lapse of many good policies. One of the "good kind" of "solicitors resident" told me he would rather have 20 or 15 per cent. of the first premium, and a renewal commission of 5 or 3 per cent., than the *whole* of the first premium. "As it is, I'm done; I can do no more with that man, except try to make him take *more* insurance, or change the *style* of his policy. It is much easier to brace a man up and make him pay his second and third and so on premium than to take out more insurance." I claim, judging from my observation, that the above plan would give the companies more business, and better business, and the stigma resting on life insurance would be removed.

I am, etc.,

JUSTITIA.

Sir: It appears to me a vital mistake for any insurance company that has the prosperity and stability of the company at heart to be "penny wise and pound foolish." It is not reasonable to suppose that the examining physician who is inadequately paid for his time will do as thorough and conscientious work; while the officers and managers of a company are receiving very large and lucrative salaries at the same time. It is unjust and dishonest on the face of it. I was examiner, and my son alternate, for one of the leading companies when the notice of reduction in price was received. We both immediately resigned on the ground of its injustice, and that our time can be more profitably employed in our regular practice. In my opinion it will prove an expensive economy, as the perpetuity of such institutions depends much upon the examining physician. I am, etc.,

J. S. ADAMS.

1106 Broadway, Oakland.

Sir: I am unqualifiedly opposed to the action of the New York Life Insurance Company in reducing the medical examiners' fees; and upon receipt of official notice from this company informing me of its action, I immediately wrote in reply tendering my resignation as medical examiner for this locality. I shall positively refuse to make any examination for less than \$5; and further, will use what influence I can to prevent the companies accepting this policy from obtaining any new risks in my section of the country.

Suisun, Cal.

I am, etc.,

W. G. DOWNING.

Sir: Having written my protest against the reduction of the Medical Examiner's fee to the companies making the reduction, I, of course, endorse the article in the January number of your journal. For about fifteen years I have been faithful to these companies as their examiner. My services have been worth to them many times the amount paid me. Every country doctor knows that he is the first person appealed to by the insurance company's agent for advice as to the physical condition and financial standing of the people in his community, and all other information that will aid him in securing applicants, and almost invariably the applicant will ask the examiner his opinion of the company. Now, can these companies that treat us so ungratefully expect a continuance of such unappreciated service from us? Would it be human for us to be partial to them and their welfare? With Dr. Lane, I believe that our fees should be *increased* rather than diminished. However, if a company is looking for something cheap it may be found, but it will not get the best unless it pays for it. If medical men would combine, their rights would be preserved, but I confess to little hope of this being done, yet the failure to stand by our rights does not lie with the country doctor. I am, etc.,

J. W. STIRR.

Vacaville, Cal.

Sir: I am in perfect accord with you and others in your efforts opposing the contemplated, and already enforced reduction by some insurance companies of medical examiners' fees. It is my opinion, that the life insurance companies will be the greater losers by the cheapened rates, as it will lead to cheap examinations, as few physicians will make as careful an examination for a small fee as for a greater one. I am, etc.,

W. C. JONES.

Grass Valley, Cal.

Sir: On the same day that I received notification of the action taken by the Equitable to reduce fees I at once resigned my commission. Dr. R. A. Urquhart, who had been detailed as alternate with me, and who, upon my withdrawal, was commissioned regular examiner at this point, at once severed his connection with the company entirely. The examinations for the Equitable are rigid and exacting. To make chemical examinations of the urine requires great care. To make thorough microscopical examinations of the urine and to fully interpret and appreciate the findings requires a degree of skill and competency which may not be within the province of the uneducated physician. To make a searching and exhaustive examination of an applicant and be able to advance a definite opinion, and to advise the company as to the fitness of the risk, demands competency and requires much painstaking labor and time. That the fees of five and ten dollars are fair and just does not admit of further argument or comment. Any fee less than these enlists cheap service and reduces the conscientious, intelligent physician who is ready and willing to put forth his ablest efforts in executing the commission assigned to him, to a level with the illiterate quack, who will do anything for a dollar. I am, etc.,
 Los Gatos, Cal. I am, etc., R. P. GOBER.

Sir: Your editorial in THE TIMES for January, seems to cover the ground pretty thoroughly. The point I wish to make is, that the limit in reduction has been reached at \$5; to go lower is asking too much work for too little pay, and is not a good business proposition on the part of the companies. I am aware that many insurance men say the medical examination is of no use any way. My reply to a gentleman who said that to me, was: Granting, for argument's sake, it to be so (which I deny), the *fact* of an examination by a physician being required, prevents many who know they can't pass, from attempting it—and on that basis, saves a company all it spends upon the doctor. But to the point. The companies all require a medical examination, and that it shall be made in *their* way. This involves medical skill, with an amount of clerical work, which the examiner has to perform himself. He cannot employ a clerk to jot down his findings, but must enter all in his own hand writing. My experience for 25 years has been a gradual increase in the amount of work required, and no increase in the pay. There is from three to four times the amount of writing to do in filling the blanks, and more work in the examination. In fact, this clerical work is so annoying to many doctors, that they will not accept the position of examiner, and in these days of dictation, stenography, and type-writing, the objection is more frequent. Twenty years ago, and for a long time, the personal and family history was filled in by the agent. The examiner was expected to run it over and elaborate any point necessary. Now, the examiner has to ask all those questions himself, write out with his own hand the answers, no ditto marks. This takes a long time, to even put No or Yes to 45 or 50 diseases, and if yes, to record when, how long sick, result, etc. Then, family history, father, mother, grandparents, brothers, and sisters. This takes time, and is often exasperating, as applicant hems and haws, and goes into everything but just what you wish to know. Then the physical examination—formerly the urine was not to be examined unless a certain amount was applied for, and an extra fee allowed—now, this is required in every case and no extra fee is paid. All these matters vary with the requirements of different companies, more or less, but the same increase of work and non-increase of pay, is common to all, only differing in degree. The attempt to lower the fee and maintain the same amount of work, is not right. If there is to be a sliding scale, it should be regulated by the amount of work required, and not by the amount of insurance applied for, but to require the same amount of skill, the same blank to fill up, the same amount of work in every particular, and yet the examiner to get \$3 or \$5, because on the front page, in one case, is placed \$1,000, and in the other, \$5,000, is not right. It is a direct bid for slipshod work, and not a good business proposition. If the urinary examinations were dropped, and the mere clerical work done, as formerly, by the agent, \$3 might do. But for the work required, \$5 is small enough. It should be the unit of charge, and if more is allowed, it should be allowed, not because the amount applied for is larger, but because *more work*, in the shape of a microscopic examination is required. I think it not "good business" in the New York Life, the Equitable, and others, to reduce fees at this time, when the medical exam-

iners have moved in earnest to improve the general tone of their ranks to raise the standard of excellence in every way, it comes like a wet blanket where they expected encouragement. I am, etc., MEDICAL EXAMINER.

Sir: I have received a copy of the resolutions adopted by the Sacramento Society for Medical Improvement, and write to let you know you have my hearty support. Since October, 1895, I have made a number of examinations for the New York Life Insurance Company, and sent in my bill the first of the year, each examination at \$5. I received in return a duplicate bill with examinations at \$3, which I refused to sign, and positively refused to take one cent less than \$5 for each examination. My letter is still under consideration, as I have received no further notice from the home office.

Nevada City, Cal.

I am, etc.,

C. L. MULLER.

Sir: Your comments on the proposed reduction of fees for medical examinations, by insurance companies, I think, are correct and timely. As for myself, I have never made an examination for an "old line" company for less than \$5, and *I never shall*. I am, etc.,

Colusa, Cal.

W. H. BELTON.

REVIEWS AND NOTICES.

P. BLAKISTON, SON & Co., of Philadelphia, announce a book on "Appendicitis," by John B. Deaver, M.D. The history, etiology, symptoms, diagnosis, operative treatment, prognosis, and complications of this disease, will be given in the order named. It will contain about 40 illustrations of methods of procedure in operating, and typical pathological condition of the appendix, the latter being printed in colors.

G. ARMAUER HANSEN and CARL LOOFT have recently written a book on "Leprosy in its Clinical and Pathological Aspects." Hansen has long been known as an earnest worker at the problems offered by this most interesting disease, and Looft has made an enviable reputation in the same direction. Both of these men do their work oblivious seemingly of the ranting, canting chatter that any discussion of a disease that so powerfully stirs all classes of society often evokes from imperfectly educated writers. They go on simply and powerfully telling the story of the affection as it appears to them. Hansen has long been looked upon as a judicially minded writer, and the book strengthens this opinion. The book is short, only 145 pages in the English translation, which, however, is much larger than the German edition.

MISKEL; A NOVEL. By L. M. Phillips, M.D. Franklin, Ohio: The Editor Publishing Co. pp. 266. Price, 50c.

It was said of a certain family, noted for their lack of personal attractions, that each member seemed as plain as a woman could possibly be, until she was compared with her sisters. To this novel, looked at from a scientific standpoint—and the subjects of which it treats, as well as the letters M.D. appended to the author's name, indicate that it was intended to illustrate scientific truths, seems as bad as possible, until it is regarded from a literary point of view. Considered in its literary aspect only, nothing could be worse than its style, except its construction; nothing worse than its construction, except its delineation of character.

HISTORY OF ANESTHESIA OR PAINLESS SURGERY. By W. R. Hayden, M.D., New York. The International Journal of Surgery Co., pp., 52. Price, paper, 25 cents.

This little brochure consists of a series of four papers by Dr. Hayden, relating to the discovery of anesthesia by ether, and a discussion of the claims of the various persons interested in this great event. Dr. Hayden believes that Morton is entitled to the entire credit of the first practical demonstration of ether as a general anesthetic in surgical practice. It will be noticed elsewhere in this issue that Dr. Washington Ayer, of San Francisco, who was a spectator on that memorable occasion, coincides with this view. Dr. Hayden discusses the claims of Wells, and of Dr. Long, of Georgia, and, we believe, presents the matter clearly and fairly. Coming in the year when the semi-centennial of

this discovery is to be celebrated, this little book has more than a mere historic interest.

MATERIA MEDICA AND THERAPEUTICS. A Practical Treatise with Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, A.M., M.D., LL.D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine; and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital, Philadelphia, etc. Third edition; thoroughly revised. Philadelphia: The F. A. Davis Co. pp. ix-1105. Price, cloth, \$5.00; sheep, \$5.75.

This edition has several advantages over the former. It is in one volume, and this always makes a book more convenient, and therefore more popular. Another improvement is the addition of a number of articles on the more recent drugs of the coal-tar series, and the remedies obtained from animal products which at present are playing such a prominent part in the treatment of disease. Their tentative position is fairly stated, and the opinion expressed that should they in some cases prove disappointing, nevertheless several have been shown to be of great value, and a field for investigation has been opened up which promises rich results. The improvements in this edition still further contribute to placing it among the standard works on therapeutics.

CLINICAL LECTURES ON DISEASES OF THE NERVOUS SYSTEM. Delivered at the National Hospital for the Paralysed and Epileptic, London. By R. W. Gowers, M.D., F.R.S.; Physician to the Hospital; Consulting Physician to University College Hospital, etc. Philadelphia: P. Blakiston, Son & Co. pp. 280. Price, \$2.

This small volume is, as its title implies, a series of lectures—twenty in all—on a variety of subjects pertaining to nervous diseases. The subjects are treated in such a lucid and emphatic manner that in perusing the book one imagines himself a listener in the amphitheatre at the time of their delivery by the great English clinician. The cases analyzed are introduced to the reader in a natural and unassuming manner; at the same time, the importance of the object-lesson drawn from them shows the careful selection by the lecturer. The opening lecture is on the general principles of the diagnosis of diseases of the nervous system, and is followed by a lecture on errors in diagnosis. After this Prof. Gowers takes up argyria and syphilis, syphilitic hemiplegia, bulbar and facial paralysis, facial contractions after palsy, acute ascending myelitis, locomotor ataxy, foot clonus and its meaning, syringo-myelia, treatment of muscular contraction, infantile causes of epilepsy, neuralgia, lead palsy, saturnine tabes and optic neuritis.

A MANUAL OF THE PRACTICE OF MEDICINE. By George Roe Lockwood, M.D., Professor of Practice in the Woman's Medical College of the New York Infirmary; Attending Physician to the Colored Hospital (late Charity Hospital), etc. With 75 illustrations in the text and 22 full-page colored plates. Philadelphia: W. B. Saunders. pp. 936. Price, \$2.50 net.

This is a very good work of its kind, but it is the kind of book that has no right to exist. The scope of such a subject as the practice of medicine is much too great to be adequately described within the limits of such a volume as that now before us, and, consequently, the reader can obtain only a very imperfect idea of the matter under discussion. It has been urged that such books are for the benefit of students and busy practitioners, who have not time to consult the larger and more complete works. We would reply that, if the period of study in any college is not long enough to enable a student to obtain a thorough knowledge of such an important branch as the Practice of Medicine, the term should be extended to meet the requirements of the case. In this way the profession would be more ably represented than it is at present. The "busy practitioner" who would consult such a work in preference to the standard authors is a myth. These books do not exist because our profession desires them, but simply because the enterprising medical publisher wishes to sell them to the thousands of medical students who, at the end of a few weeks, cast them aside as useless. Professor Lockwood has published the outlines of what might be a very good text-book. We trust that in the future he will complete the work which he has so ably begun.

A MANUAL OF MODERN SURGERY, GENERAL AND OPERATIVE. By John Chalmers DaCosta, M.D., Demonstrator of Surgery, Jefferson Medical College, Philadelphia; Chief Assistant Surgeon, Jefferson Medical College Hospital, etc. With 188 illustrations in the text, and 13 full-page plates in colors and tints, aggregating 276 separate figures. Philadelphia: W. B. Saunders. pp. 810. Price, \$2.50 net.

In Saunders' New Aid Series, the manual on surgery has been prepared by Dr. John Chalmers DaCosta. This book contains about 800 pages, is of convenient size, well bound, clearly printed, and liberally illustrated. The author states that his aim is "to present in clear terms and in concise form, the fundamental principles, the chief operations, and the accepted methods of modern surgery. The work seeks to stand between the complete but cumbrous text-book and the incomplete but concentrated compend." This is one of the best books published for medical students. It is up to date, well written, and contains many new and valuable therapeutic suggestions. The author has collected his material from many sources, and has added much that is original. He covers the various subjects quite completely, and in a style much more interesting to the student than is found in the average text-book, for by aphorisms, quotations, and references, he familiarizes the student with most of the great authorities in surgery, and at the same time crowds into small space many bits of information.

PRINCIPLES OF SURGERY. By N. Senn, M.D., Ph.D., LL.D., Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital. Second edition. Thoroughly revised. Illustrated with 178 wood engravings and five colored plates. Philadelphia: The F. A. Davis Co. pp. xvi, 656. Extra cloth, \$4.60; sheep or half-russia, \$5.50.

In the revision of this admirable work the author has added much valuable material by the introduction of technical and practical instruction which seemed to be studiously omitted in the first edition. As an example of this feature there will be found under the headings, muscles and bone, a description of special operations, such as tenorrhaphy, tendo-pasty, tendon elongation; improved methods of bone suture and various plans for securing union of fractures by the intra-osseous splint, bone ferrule, and the author's special apparatus for treatment of intra-capsular fractures of the femur. The illustrations in this, as in all parts of the volume, are excellent in design, and will certainly prove most helpful to the reader. The chapters upon tuberculosis have been made the subject of special revision; and here modern approved methods of operative treatment are most fully elucidated. It must be regarded as at least peculiar that no reference is made to Koch's tuberculin or its influence upon the life of the bacillus tuberculosis. The natural inference is, that the author regards it as valueless in relation to surgical diseases. The chapter on suppurative osteo-myelitis has been largely rewritten, and Neuber's plan of dealing with bone cavities is given in detail, with complete illustrations. Those familiar with the first edition will discover in the second a new friend.

AN AMERICAN TEXT-BOOK OF SURGERY AND GYNECOLOGY FOR PRACTITIONERS AND STUDENTS. By Charles H. Burnett, M.D.; Phineas S. Connor, M.D.; Frederic S. Dennis, M.D.; William W. Keen, M.D.; Charles B. Nancrede, M.D.; Nicholas Senn, M.D.; William Thompson, M.D.; J. Collins Warren, M.D., and J. William White, M.D. Edited by William W. Keen, M.D., LL.D., and J. William White, M.D., Ph.D. Second edition; carefully revised. Philadelphia: W. B. Saunders. pp. 1206. Price, \$7.00; cloth, \$8.00; sheep, \$9.00, half Russia.

It is interesting to note the various alterations, advances, discoveries, and general progress in surgical knowledge that, in the brief period covering three years, have rendered a revision of such a work as "An American Text-book of Surgery" altogether mandatory. A little less than a decade has passed since an eminent authority gave utterance to his conviction that the field of operative surgery had been well nigh exhausted; that for the future there was in store little else than unimportant modifications in *technique*, and that human ingenuity could scarcely hope to do more than had already been accomplished. Yet, since that announcement was made, there is scarcely an organ in the

human economy which has not been subjected to surgical treatment that is at once original and well accredited. The most important recent additions to general surgery are enumerated in the editors' preface to the second edition of this treatise as follows: A discussion upon the effect of modern small-arms in military surgery; a chapter upon acromegaly; a description of the Hartley-Krause method of removing the Gasserian ganglion and the osteo-plastic method of resection of the skull. There are also fully set forth descriptions of Schedes' operation of thoracoplasty; Witzel's method for gastrostomy; Murphy's method for intestinal anastomosis; White's plan for the treatment of enlarged prostate by castration, and Macewen's method of compression of the aorta in amputation of the hip joint. The latest ideas concerning appendicitis; radical cure of hernia, and amputation of the breast have been fully exploited; and in a word, operative surgery has been brought fully up to date. Many new illustrations have been added to the already elaborate list, giving to the work more perfect finish and greater value. No better addition to one's collection of surgical authorities can possibly be made than this revised edition of "An American Text-book of Surgery."

A MANUAL OF SYPHILIS AND THE VENEREAL DISEASES. By James Nevins Hyde, A.M., M.D., Professor of Skin and Venereal Diseases, Rush Medical College; Dermatologist to the Presbyterian, Michael Reese, and Augustana Hospitals, etc., and Frank H. Montgomery, M.D., Lecturer on Dermatology and Genito-Urinary Diseases, and Chief Assistant to the Clinic for Skin and Venereal Diseases, Rush Medical College; Attending Physician for Skin and Venereal Diseases, St. Elizabeth Hospital, Chicago. With 44 illustrations in the text and 8 full-page plates in colors and tints. Philadelphia: W. B. Saunders. pp. 618. Price, \$2.50 net.

Undoubtedly the writers of this book have seen a great number of cases, for it is one that only practical men could have written. The literary style is at times a trifle florid, and the authors have, to a limited extent, adopted that dangerous aid to diagnosis, called tables of differential diagnosis, but usually the writers set down, in a straightforward manner, what they have seen of disease and its treatment. The moral tone of the book is good, and young men are unreservedly advised to adopt chastity as the only rule of life to escape moral and physical contamination. While recognizing the terrible ravages caused by venereal disease, the authors do not see their way to advising the adoption by the government of laws for the compulsory examination of prostitutes. The inefficiency of all such regulations for civil life are now recognized by many writers. In military life, however, such laws are very likely quite effective, and are of great value in keeping an army on a good war footing. As the governments in the United States are markedly civil, with scarcely a military feature in them, any law regulating prostitution would be correspondingly useless. We do not agree with the writers of this book, however, in saying that if a law requiring the examination of prostitutes should be passed, it should be applicable equally both to the prostitutes, and also to male frequenters of houses of ill-fame. There is a vast difference in licensing a person to sell goods, and granting a license to buy the same. The prostitute openly and publicly proclaims her readiness to sell, and no complaint ought to be made by her or raised on her account, if the permission to sell should be hedged in by certain rules. The real argument against a licensing act, is its uselessness; at any rate in American communities. It would only be made another means of cinching an already much blackmailed class. The book is complete, handy, and valuable.

THERAPEUTIC SUGGESTION IN PSYCHOPATHIA SEXUALIS (PATHOLOGICAL MANIFESTATIONS OF THE SEXUAL SENSE), WITH ESPECIAL REFERENCE TO CONTRARY SEXUAL INSTINCT. By Dr. A. von Schrenck-Notzing, Practising Physician in Munich. Authorized translation from the German, by Charles Gilbert Chaddock, M.D., Professor of Diseases of the Nervous System, Marion-Sims College of Medicine, etc. Philadelphia: The F. A. Davis Company. pp. 320. Price, cloth, \$2.60; sheep, \$3.50.

The title of this work is descriptive of its contents. According to the author it "owes its existence to observations of the effects of therapeutic suggestion upon individuals subject to contrary sexuality." The propriety of the publi-

cation of a work of this character will be questioned, but its real necessity will be admitted by any practitioner of experience, who has taken the trouble to carefully investigate cases that have come before him in which nervous symptoms referable to the sexual organs were present, without any evidence of organic lesion. There is no denying the existence of all forms of sexual perversion, and it will be admitted that many of these are more truly pathological than vicious. The hopelessness of these cases, under ordinary treatment, presents a promising field for any method that shows tangible results. That results can be obtained under this method, the 70 cases reported by the author, several of which have been under observation for a lengthy period following treatment, seem to prove conclusively. The subject matter has been arranged in three sections: (1) Sexual hyperesthesia. (2) Sexual impotence and anesthesia. (3) Sexual paresthesia. The various types of these conditions are illustrated and the pathological or psychological basis of the cases brought out. The methods of treatment employed, and the results attained in individual cases, are then given, with the condition of the patient when last heard from, and if still under observation. The excellent plan has been adopted of allowing the patient to give the history of his case, and the original language has been preserved in the work. There can be no question that the amount of clinical material here presented is sufficient to base conclusions upon, and that the results of the author justify his enthusiasm. It is conceded that the technical knowledge and skill necessary for the application of suggestion are not possessed by many practitioners, but it only needs a realization of the importance of this question, to provide the means for treatment in most of the large centers. As a companion to Krafft-Ebbing's work, "Psychopathia Sexualis," this book is indispensable, and as an exhaustive exposition of a most intricate and obscure subject, it stands alone.

REPORTS, ANALYSES AND NEW INVENTIONS.

Cito Pills.

We have received from Messrs. Worden & Co., samples of a quinine pill, or rather tablet, which is remarkably soluble. Each tablet is lightly compressed, and is then given a thin coating of gelatine or similar substance, sufficient to render it odorless and tasteless, but strong enough to enable it to bear free handling, and to insure its being swallowed intact. The solubility of these pills can be very readily demonstrated. On placing one of them in a glass, the coating dissolves and immediately the mass will be seen to disintegrate, the process being accompanied by a moderate evolution of gas, which rises in bubbles to the surface. Messrs. Worden & Co. state that these pills "are made upon an entirely new principle," which doubtless refers to the method by which such extremely rapid solution is insured. At present quinine, salol, and phenacetin are being put up in this form, but the manufacturers state that the "principle" will gradually be extended to other drugs and combinations.

Tablets for Local Anesthesia by Infiltration.

The production of local anesthesia with cocain, by the so-called "infiltration method," as established by C. L. Schleich, of Berlin, a description of which will be found elsewhere in this issue, is a distinct advance in the application of cocain. Hitherto the greatest disadvantage in the use of this drug has been the confining of the solution injected, to the part to be operated upon, in order to insure anesthesia and prevent systemic effects. Another difficulty has been the production of a sufficient degree of anesthesia without the systemic effects which, in some persons, are very unpleasant and even grave. With Schleich's method, the quantity of cocain employed is very small, so small in fact, that toxic effects seem hardly possible, while the experience of those that have used it is very satisfactory. Messrs. John Wyeth & Bro. have submitted to us samples of compressed tablets—six in number—making solutions of various strengths, designated as strong, normal, and weak, for use by this method. Each tablet in the first series is to be dissolved in 100 minims, making that quantity of the solution. The second series of tablets are much larger in size and are intended to make, in each case, 500 minims of their respective solutions. The very great convenience of compressed tablets for hypodermic use, and the difficulty of keeping permanent solutions in good order, will insure for these tablets a widespread popularity.

MEDICAL NEWS.

LICENTIATES OF THE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners, held January 15, 1896, the following were granted certificates to practise medicine in this State:

Pleasant A. Cashion, Pomona; Med. Dept. Univ. Louisville, Ky., Feb. 2, '64.
George S. Hull, Pasadena; Med. Dept. Univ. Penn., March 1, '76.
William M. Johnston, Los Angeles; Med. Dept. Univ. Mich., June 30, '87.
Charles R. Knox, Los Angeles; Rush Med. Coll., Ill., Feb. 21, '82.

W. V. Marshburn, Elmodena; Med. Dept. Univ. Louisville, Ky., March 2, '86.
 John E. Nast, Oakland; Med. Dept. Univ. Cal., July 13, '95.
 Robert E. Payne, San Francisco; Coll. Phys. and Surg., Ill., April 3, '94.
 C. B. Provins, San Francisco; Rush Med. Coll., Ill., Feb. 21, '82.
 J. De Barth Shorb, Jr., Los Angeles; Med. Dept. Univ. Penn., June 13, '95.
 J. C. Stinson, San Francisco; Univ. Trinity Coll., Canada, April 4, '93.
 Martha S. Case, San Francisco; Cooper Med. Coll., Cal., Dec. 5, '95.
 Charles A. Dukes, North Temescal; Cooper Med. Coll., Cal., Dec. 5, '95.
 Charles L. Garvin, San Francisco; Cooper Med. Coll., Dec. 5, '95.
 Herbert Gunn, San Francisco; Cooper Med. Coll. Cal., Dec. 5, '95.
 Harry J. McNulty, San Francisco; Cooper Med. Coll., Cal., Dec. 5, '95.
 A. D. Prentice, Sacramento; Cooper Med. Coll. Cal., Dec. 5, '95.
 F. B. Robinson, San Francisco; Cooper Med. Coll., Cal., Dec. 5, '95.
 Stephen Wythe, San Francisco; Cooper Med. Coll., Cal., Dec. 5, '95.

CHAS. C. WADSWORTH, Secretary.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department of the U. S. Army (Division of the Pacific) from January 20, 1896, to February 20, 1896.

The telegraphic instructions of this date directing First Lieutenant Benjamin Brooke, Assistant Surgeon, to proceed to Vancouver Barracks, Washington, in time to be present as witness before a general court-martial, at that post, on the morning of the 5th inst., are confirmed and made of record. When notified by the Court that his presence is no longer required, Assistant Surgeon Brooke will return to his proper station. S.O. 19, Dept. of the Columbia, February 1, 1896.

Captain William Stephenson, Assistant Surgeon, will proceed at once to Fort Canby, Washington, and report to the commanding officer for temporary duty during absence of Assistant Surgeon Benjamin Brooke as witness before a general court-martial at Vancouver Barracks, Washington. S.O. 24, Dept. of the Columbia, Feb. 10, 1896.

Major Joseph B. Girard, Surgeon, will be relieved from duty at the Presidio of San Francisco, California, and ordered to Jefferson Barracks, Missouri, for duty at that post, relieving Major Robert H. White, Surgeon.

Major White, upon being relieved from duty at Jefferson Barracks, will proceed to Presidio of San Francisco, Cal., for station.

First Lieutenant Wm. W. Quinton, Assistant Surgeon, is relieved from temporary duty at Fort Logan Colorado, and ordered to Fort Grant, Arizona, for duty at substation San Carlos, Arizona, relieving First Lieutenant Paul F. Straub, Assistant Surgeon.

Lieutenant Straub, on being thus relieved, is ordered to Angel Island, Cal., for duty at that station, relieving First Lieutenant Charles E. B. Flagg, Assistant Surgeon.

Lieutenant Flagg, upon being thus relieved, is ordered to Fort Du Chesne, Utah, for duty at that post, relieving Captain Henry D. Snyder, Assistant Surgeon.

First Lieutenant Wm. H. Wilson, Assistant Surgeon, is relieved from duty at Fort Leavenworth, Kansas, and ordered to Fort Bayard, New Mexico, for duty at that post.

First Lieutenant Harry M. Hallock, Assistant Surgeon, is relieved from duty at Fort Bayard New Mexico, and ordered to Fort Logan, Colorado, for duty at that post.

Official List of Changes in the Medical Department U. S. Navy (Pacific Station) from January 20, 1896, to February 20, 1896.

Medical Inspector J. A. Hawke from U. S. S. Baltimore, and to U. S. F. S. Philadelphia, at San Diego, Cal., and as Fleet Surgeon, relieving Medical Inspector G. F. Winslow.

Ammen Farenholt, Assistant Surgeon, from U. S. S. Baltimore, and to U. S. S. Monterey, at San Diego, Cal.

Past Assistant Surgeon C. P. Bagg, from U. S. R. S. Vermont, at New York, and to Marine Rendezvous, San Francisco.

Past Assistant Surgeon M. S. Gnest, from U. S. R. S. Vermont, New York, and to U. S. R. S. Independence, Mare Island, Cal.

Past Assistant Surgeon C. H. T. Lowndes, from Marine Rendezvous, San Francisco, and to take charge of five insane patients transferred to Government Hospital for the Insane, Washington, D.C.

Surgeon John M. Steele, from Torpedo Station, Newport, R. I., and to U. S. S. Monadnock, at Mare Island, Cal.

Medical Inspector George F. Winslow, from U. S. F. S. Philadelphia on reporting of his relief, and granted three months leave.

ITEMS.

Dr. J. J. Meigs has removed his office from Alameda, Cal., to 1125 Telegraph Ave., Oakland, Cal.

Dr. F. H. Payne, of Berkeley, Cal., announces that after February 1, 1896, his office hours will be as follows: At office, Hahn Block, corner Center St. and Shattuck Ave, 2:30 to 4:30 P.M.; at residence, corner Stanford Place and University Ave, until 8:30 A.M. and after 6 P.M., Sundays excepted.

Schulze-Berge & Koechl.—On February 1, 1896, the business of this firm was transferred to a new corporation which will be known as Victor Koechl & Co. The latter will retain all the business connections, both foreign and domestic, of the old firm, and have assumed the assets and liabilities of their predecessors. The new firm will, therefore, act as agents for Diphtheria Antitoxine (Behring), in connection with which they have recently been brought most prominently brought before the profession.

A. S. Aloe & Co.—This well known firm, which has recently sustained a severe loss by fire announces that business has been resumed in all its departments.